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The AMERICAN JOURNAL of
CLINICAL MEDICINE
DEPENDABLE THERAPEUTIC FACT FOR DAILY USE

AUGUST, 1912

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OF CLINICAL MEDICINE
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DEVOTED TO ACCURACY, DEPENDABILITY AND HONESTY IN EVERY DEPARTMENT OF MEDICINE AND TO THE SAFEGUARDING OF THE DOCTOR

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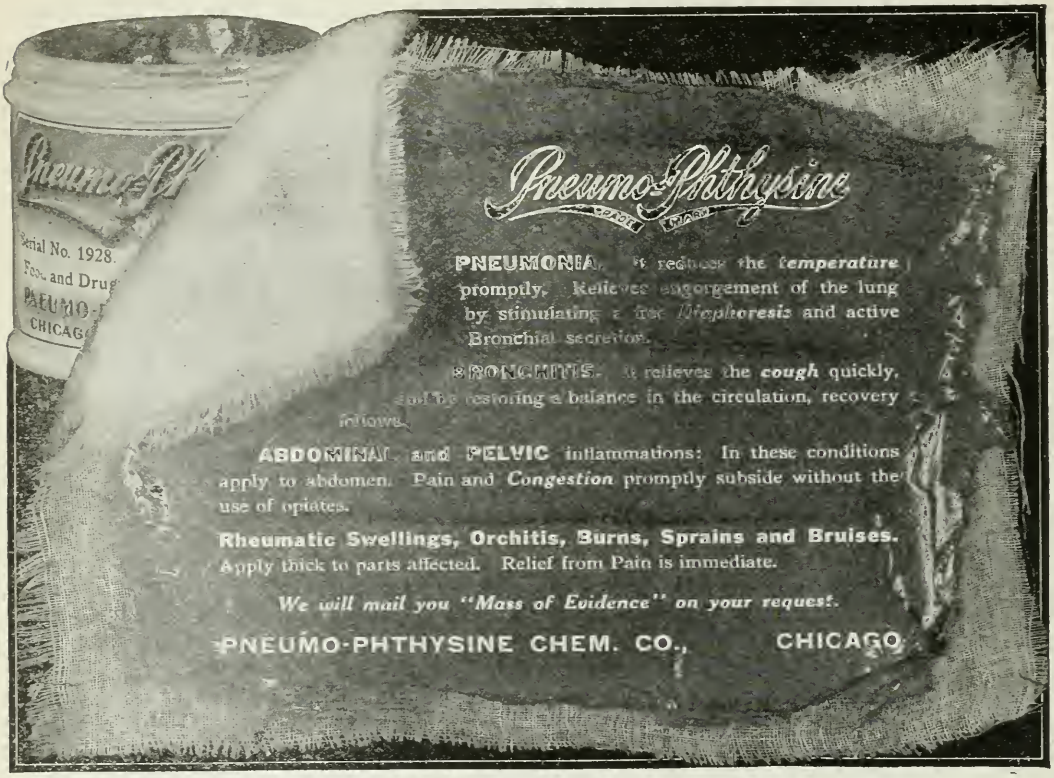
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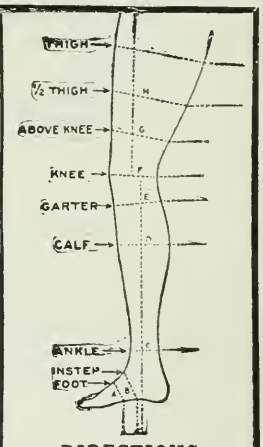

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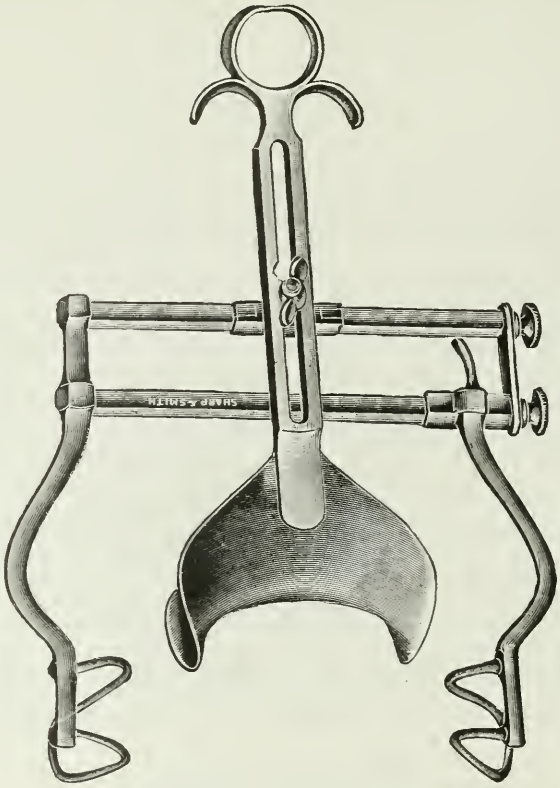

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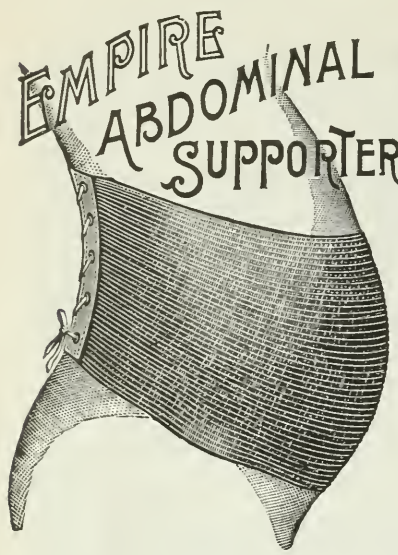

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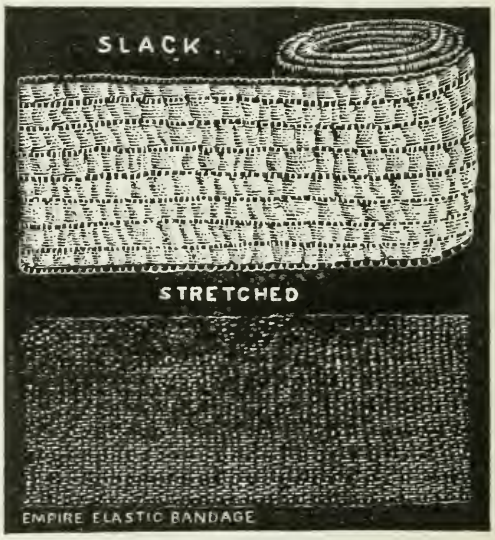

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Cowlicks—Moral or Mental

SOMETIMES a lock of the hair grows in the wrong direction, and rebelliously refuses to be brushed or combed into harmony with the general plan of the hairdressing. This aberration from the usual is popularly known as a "cowlick."

Many, possibly all, men have a cowlick in their brains. They may, as a rule, be depended upon to do certain things under certain circumstances, but occasionally they fly off the track and do something altogether unexpected.

The good old church deacon, who has plodded along the right road for many a dull year, goes to the city and puts in an evening in the red-light district—to nobody's amazement more than his own. The shrewd financier, who has gathered a fortune, falls for the allure of the seller of rare books or pseudo old masterpieces.

The greatest of England's naval heroes, before whose prowess Napoleon's massed empire fell, defied the social code and Mrs. Grundy for the sake of a woman. The great Corsican failed to make the battle of the Moskwa decisive because of an attack of gonorrhea. A similar incident dethroned one Empress and made way for another. History tells of three illustrious ecclesiastics who would shut themselves in a room and then relieve their systems of pent-up curses. A famous philosopher climbed a tree at the risk of his life, to touch a certain spot and thereby cure his mother of her illness. Franklin, who taught the world that men could accomplish more work without alcohol, died a toper. And, thus, innumerable instances are recorded in history of the world's most lofty intellects who yet displayed evidences of mental cowlicks like the foregoing.

Many of these idiosyncrasies are reversional, like the hare-lip, double external ears, and the various other anatomic throwbacks; but generally they are evidences of that impatience at rigid control, too long continued, that gives the mind a fatigue similar, psychically, to the writers' cramp. Two wee boys in the kindergarten concluded they had been good as long as was endurable; so they laid their wicked little heads together to decide what was the very worst word they knew; then surprised the good teacher by yelling out in unison: "Bedbug!" This is not a funny story—it is deeply significant. It typifies a frame of mind into which every human being gets when one keeps too long in the ruts, and begins to find the exercise wearisome, the restraints irksome.

From the earliest recorded times, efforts have been made to meet this primary need of man by instituting holidays. The Saturnalia are represented in our day by the

Carnival, and the same idea of license from social restraint prevails in it to some degree. In New Orleans, the writer has seen small boys urinating in the public streets—from the sheer delight of doing something that is forbidden! In days of old, the wildest license prevailed at this festival. Slaves were privileged to say their say to their masters, without fear of punishment. The laws regulating conduct were, for the time, abrogated and restraint was cast to the winds.

It would be difficult, perhaps, to determine whether the expectation of this period of unrestraint had really a deterrent effect upon men, or not. Many a one who felt the impulse to indulge in an orgy put it off until this time, when the consequences would be less injurious, since such things were expected and did not carry the same moral condemnation then.

Three young men had worked steadily for twelve years, when they determined to have a good time. They drew their accumulated savings of one thousand dollars, then betook themselves to their birthplace and proceeded to "set 'em up" for everybody, to get drunk, and to "paint the town red." Incidentally, they relieved an old chum of a threatened foreclosure on his shop, and also gladdened the home of a widow with a plenty she had not seen or dreamed of for many a year. Their fortune expended, they made for their "new home"—the trucks of freight trains—completely satisfied and ready to work again and start a fresh bank account.

Sometimes the doctor discovers one of these mental cowlicks in a patient. We call them idiosyncrasies. They are like orchids —the arrangement seems incomprehensible; but by close observation the exquisite plan of their structure is revealed.

One of the writer's patients showed an abnormal reaction to atropine lasting, apparently, for a week; but examination showed a hemorrhagic condition of the retina. Another took tincture of iron, but it nauseated her and destroyed what little appetite she had had. Investigation revealed lime hunger, and, after a few weeks' administration of the chloride and the lactate of calcium, she was able to take the iron, with the usual results. One man's gastric equilibrium was so delicately adjusted that a drop of wine of ipecac induced vomiting. Another was invariably excited by every dose of opium taken. This thing so interested the doctor that he had the drug tested, and found it almost entirely devoid of morphine, the thebaine stimulant group predominating. This, then was a case of "idiosyncrasy"—cowlick—in the drug, not the patient.

Similarly, all socalled idiosyncrasies are susceptible of explanation, for nature is inexorable in her obedience to the law of cause and effect. For everything there is an adequate cause, which may be found, if only our investigation goes far enough.

Moral cowlicks are often eradicable by persistent effort; hirsutial cowlicks resist the most determined and prolonged applications of brush and comb. They are congenital, inherent, and coexistent with the life of their possessor. Mental twists are like the latter. They may be disguised by effort or modified by education, but they remain to emphasize the individuality of their owner.

Most idiosyncrasies toward drugs may likewise be lessened by education, as the peculiarities of digestion may be. People who can not eat fat, fruit, oysters or other advisable foods may educate their digestions so as to enable them to partake of these things with relish and benefit.

Toleration of nearly, but not quite all, drugs may be learned. Scarcely credible are the amounts of morphine some patients learn to tolerate. The writer has raised the daily dose of potassium bromide to nearly two ounces, with impunity and with benefit. One man, taking "No. 6," as an antidote to the whisky craving, built up his dosage to one pint a day. But, luckily for Mithridates, the latter had no nicotine when he performed his celebrated experiment of yore, for no habituation can be secured for this alkaloid when administered in a state of chemic purity. For ten years, the writer has given hyoscine to the amount of 1-100 grain, twice daily, in cases of paralysis agitans, and the efficacy of this priceless alleviator was in no way lessened. Trousseau raised his dose of strychnine,

in epilepsy, to a whole grain in a day. I myself have found chronic alcoholics suffer most unpleasant cerebral symptoms when the doses of this same drug were raised above a milligram, i. e. 1-64 grain each.

There is an idea abroad among moral people that they should make their neighbors good. One person I have to make good: myself. But my duty to my neighbor is much more nearly expressed by saying that I have to make him happy if I may.

—Robert Louis Stevenson.

THE FOLLY OF LIVING ON THE CAPITAL

A great manufacturing drug house laid the foundations of its business so deeply and solidly that for many years after the original impelling force had died out it continued to enjoy the reputation that gave its goods the call over all competitors. Then the controlling spirits grew careless and sluggish, and seemed contented when other houses demanded and got much more than their prices for drugs, owing to superior quality. The great house had spent that reputation that constituted its most valuable asset.

For many years a newspaper had sought to establish a reputation for fairness and impartiality. Its reporters were not allowed to accept a favor, such as a pass to a theater, lest it might influence their accounts of performances there. The man who made this reputation died and others took the helm. In a few years we find this paper complaining that it has proved a case against a man beyond the shadow of a doubt, so that by no other hypothesis but a wholesale mass of assumptions too ridiculous for belief could he be ought but guilty—yet the verdict of the tribunals vindicates him! Why? Because it had become the practice of this paper to warp the truth in its reports by suppressing parts of the evidence, so as to convey utterly wrong impressions to its readers—and this had become so well known that the reading public discounted its utterances. The journal had expended its reputation for truth, its chief asset.

Does lying ever pay?

The moment one begins to make capital out of his reputation, that very moment he begins to live off his capital and to destroy it faster than he can turn it into cash. Many a time I have known a doctor to come out frankly and tell his patients he did not know what was the matter; and every time he has left them with a sense of his honesty that has given more confidence than if he had pretended to know.

Always, the man who tells the truth under such circumstances is safer than the one who resorts to lies or deception.

If you meet a fallen "feller,"
Help him up.
If he's tired, sore and hungry,
Let him sup.
Even if he's good for nothing,
And to you is only "bluffing"—
You have something; he has nothing—
Help him up.

—C. W. Govier.

CAN ACUTE INFECTIOUS DISEASE BE ABORTED?

It has long been a disputed point whether infectious diseases, especially such as pneumonia and typhoid fever, could be aborted.

Representatives of "school-science" shook their heads rather contemptuously at the claims of simple country practitioners that they had aborted such and such a case in which, without the treatment employed by them, pneumonia or typhoid fever, as the case might be, would have developed. They demanded laboratory confirmation of the diagnosis, denying, in the absence of bacteriologic proof, that the virus of these diseases had actually been present. It was said that pneumonia or typhoid fever either is or is not, and it was considered unscientific, in fact foolish, to say that a patient was "threatened" with pneumonia or with typhoid fever.

It may not be amiss to inquire into the merits of this discussion and see whether, after all, the country physician has not once more the best of the school-physician, as he has had the best of him repeatedly in by-gone days, whether his argument *a posteriori*, if you will, and possibly with a goodly admixture of *post hoc ergo propter hoc* reasoning, may not at least be susceptible of scientific proof and worthy of consideration.

The time has gone by when the mere presence in the organism of a specific virus was considered as equivalent, or necessarily leading, to the related disease. Since Cohnheim said, in 1881, "According to our present conception, everybody becomes tuberculous in whose organism the tuberculosis virus is localized," we have learned that the tubercle bacillus, as a matter of fact, is localized in the organisms of the majority of adult persons, while only about eleven percent of all are actually, that is clinically, tuberculous.

In those persons in whom the tubercle bacilli localize without tuberculous disease actually developing, nature does what we are trying to do under corresponding conditions in order to destroy the invading virus or at least prevent it from exerting its pathogenic action. Nature throws a barrier of leukocytes around the offending invader and imprisons it in the lymph-nodes, while at the same time she produces in the blood antibacterial, or immune, substances that counteract the harmful action of the virus. This is possible only if the organism is in an efficient state of nutrition; and we have learned, on general principles, to improve the nutrition in all persons who are exposed to bacterial influences and whose resistance is below par.

While in the problem of acute disease the process of resistance and immunity is not absolutely, but only relatively, as that in a chronic disease like tuberculosis, the actual conditions of infection are similar. It cannot be denied that far more people are infected by the pathogenic organisms of pneumonia of typhoid fever, as well as of diphtheria, scarlet-fever, measles, and the other zymotic diseases of this kind, than acquire these diseases.

This being the case, we must assume that in such contingencies the organism is able, by virtue of an efficient state of nutrition, to stimulate the formation of immune substances and to throw out leukocytes which are to render the harmful organisms innocuous to a sufficient degree to overcome the infection and to prevent its developing into the infectious disease.

It does not require a great stretch of imagination, nor is it unreasonable or even unscientific, to assume that there is a stage following the infection* of the organism by the pathogenic virus in which there exists only a local hyperemia, and that, owing to the absorption of toxins from these local foci of infection, the symptoms which we usually call prodromal are produced. We must, for instance, postulate a stage in typhoid fever in which the typhoid bacilli have indeed localized in the intestinal mucosa, but in which the characteristic ulcers of the disease have not yet formed.

And this stage of the disorder might be called the pre-typhoid, but, unless arrested, it will infallibly pass into actual typhoid fever.

Since the characteristic ulcers have not yet been formed, the typhoid bacilli are not being discharged by the feces, nor at this period to be found by laboratory methods. True, there are other laboratory tests (including the Widal and Rosso tests) which enable us to form a reasonably certain opinion as to the existence or non-existence of typhoid disease, but some of these are not of value in early stages of the disease; and, while we do not know whether typhoid infection which has not yet progressed to typhoid disease could be discovered by Rosso's test, it may, at any rate, be possible to diagnose the early, preulcerous, stage of the disease, by this reaction.

If now, at this stage, the antibacterial and antitoxic powers of the organism are stimulated to a sufficient degree, it must be possible to prevent the further action of the typhoid bacilli, to arrest the further harmful influence upon the mucous membrane of the intestines, and thereby to prevent the formation of ulcers. In short, it must be possible to abort typhoid fever before it has actually declared itself by the characteristic pathogenic lesions in the intestines and before typhoid bacilli are discharged with the feces; in other words, before their presence can be shown under the microscope.

*It is to be noted that we must distinguish sharply between infection and infectious disease. The two are, by no means, identical, inasmuch as not every infection is an infectious disease, but only leads to it under conditions favorable to the development and multiplication of the infectious virus.

Similarly in pneumonia. The writer himself has, in the excretions from his bronchial passages, harbored large numbers of Friedlaender's bacilli, pneumococci, streptococci, and other organisms that are held to be capable of producing pneumonia. He has found these at times when he was suffering from severe colds attended by an obstinate and exhausting cough. Although it required days, and at one time weeks, to overcome this infection (namely, the presence of the characteristic cocci in the bronchial secretions), and, although the cough and the "cold" persisted for a long time, pneumonic hepatization never occurred, because the action of the pneumococci was counteracted by iodine and other drugs suitable for the purpose, in addition to the natural resistance to bacterial infection which this writer enjoys.

Hence, in the light of these and other experiences, there is absolutely no justification to stigmatize as foolish and ignorant, ridiculous and absurd, as has been done, the assertion that pneumonia and typhoid fever can be aborted, even after the evidences of infection, the primary hyperemia and other local signs of their presence in the tissues have become manifest.

Reports of cases which formerly undoubtedly would have developed into typhoid fever and which, under proper treatment, cleared up within the course of a few days, are frequent, and the mere fact that the diagnosis of such a case is not always supported by laboratory evidence is not sufficient to throw them out of court.

A little logical reasoning, combined with some knowledge and understanding of the process of immunity, should convince everybody, even the most inveterate "school" scientist, that such a thing is possible; that pneumonic infection is not identical with pneumonic disease, that the mere presence of typhoid bacilli in the organism does not necessarily mean the existence of typhoid fever.

It requires only ability to put two and two together to see, and it requires only a degree of fairness to acknowledge, that there must be a stage in the diseases under discussion when it is possible to arrest the process; when, in short, it is possible to abort the disease.

CRATÆGUS OXYACANTHA AS A CARDIAC TONIC

For some years the hawthorne has been advocated as a cardiant of value, mainly on clinical evidence. Lloyd's bulletin upon this remedy gives the following:

"On administering cratægus, the pulse slows and is strengthened. Harmony is restored between heart action and vascular tension, as in the rapid, feeble heart stroke following hemorrhage or shock. The effect on the mental condition resembles that of anemonin, apprehension being dissipated and the patient recovering confidence. These in combination are valuable for neurasthenic girls with functional heart troubles and menstrual irregularities. In organic or functional heart weakness cratægus is useful, improving all parts of the circulation, and the appetite, assimilation, and nutrition in consequence, which this writer attributes to an influence over the sympathetic and the pneumogastric.

"Cratægus is associated with apocynin in dropsies, albuminuria of pregnancy, etc. The former is also advised for diabetes insipidus, especially of children, and in exophthalmic goiter, with epileptoid seizures.

"In angina pectoris it has proved of decided value, as the late Dr. Joseph Clements found in his own case. Here cratægus acted as a relaxant of the anginal spasm, affording speedy relief for a time, but the effects wore out. A. W. Jernigan treated a similar case, giving cratægus during the day, and found the nocturnal paroxysms milder and more readily relieved by lobelia. After three months' use of the remedy the attacks ceased and had not recurred in two years.

"The same observer reports the case of a girl aged 14, with her third attack of acute rheumatism, chorea, dyspnea, edema of legs, and endocarditis with a double mitral murmur. The case had progressed until the radial pulse was imperceptible, the heart-beat a faint flutter, respiration shallow and labored from extreme anasarca, skin cyanosed, and extremities cold. Cratægus

was administered hypodermatically, every half hour, and after the fourth dose consciousness began to return. Complete recovery finally ensued. A child two years old presented diabetes insipidus, pulse fast and weak, extremities cold, dilated pupils. Recovery ensued under cratægus."

These citations exemplify the uses to which cratægus has been put by its advocates. An analysis of the testimony shows that it has proved effective in cases where there is evidently the little-comprehended capillary spasm, closing the arterial outlets and enfeebling the heart by cutting off it its nutritive supply, and placing an obstacle to the heart's work.

Cratægus therefore ranks with cactin and glonoin as an indirect heart tonic by relieving this organ from its difficulties. Dr. Clements was an unusually acute observer, and he found the drug unmistakably a relaxant. Sparteine belongs to this class, and each of the four has been unhesitatingly pronounced by clinical observers a "heart-tonic" of decided value.

The Lord loveth a cheerful loser.

TRAFFIC IN HABIT-FORMING DRUGS

It is hardly necessary to say that we are unalterably and absolutely opposed to the sale to the laity of the habit-forming drugs, such as morphine and cocaine. And, further, we wish to impress upon the physicians who may read these lines the great responsibility that rests upon them in prescribing or administering these remedies. Many a drug-habitué owes his misfortune to a carelessly written prescription, which thereafter is refilled by the druggist again and again, and taken by the patient without thought of consequences, because it gives relief.

We wish to repeat: The traffic in these drugs among laymen is always dangerous, sometimes even is deliberately fostered by men who are the vilest of the vile, and it should be hedged about with the most painstaking precautions.

Yet it must not be forgotten that these dangerous drugs are among those of the greatest value when properly utilized. For this reason, they should be as accessible to the physician who can use them intelligently and conscientiously as they should be inaccessible to the laity, who have no business with them except as administered or prescribed by the medical man.

There certainly is a need for more stringent control of this business. In many of our states there are in force good laws which make it practically impossible for men without character to pander to the appetites of the depraved and unfortunate in this matter. In other states the laws are very lax. A unifying of effort by our national government is most desirable, and we shall be glad to see something of this kind put into effect, providing any bill that is submitted to Congress is so framed that it protects the interest of the medical profession—as it can easily be made to do.

We are opposed, however, to any bill of this kind which, however worthy its objects may appear to be, is made an instrument for oppressing a part of the medical profession.

Of this kind were the drafts which, within the last two years, were introduced in Congress, and known respectively as the Mann Bill, the Foster Bill, and the Cullom Bill. On their face these bills were all intended to regulate and restrict the traffic in opium and its alkaloids, coca, cocaine, and so forth, but they were so drafted that they placed a direct tax upon the doctor.

Now another crop of bills of this kind has appeared in Congress, this time introduced by Representative Harrison, of New York. In one of these bills it is made obligatory upon everyone handling any of these remedies to secure a license from the government—which is all right. But here is the fly in the ointment—the doctor is, apparently, to be considered a "retailer," and is to be assessed ten dollars per annum for his license. Without such a license he could not secure, from any manufacturer or dealer in drugs, opium or its alkaloids, coca or cocaine, or anything containing them.

This provision, should it become a law, would practically bar an unlicensed doctor from buying his supplies from anyone except the local druggist. Then, if there did not happen to be a local druggist, the Lord only knows where he would ob-

tain his supplies—without putting up the ten dollars license fee.

This bill would prohibit just as effectively the purchase of an ounce of paregoric, a bottle of Squibb's diarrhea mixture, a package of cough tablets containing infinitesimal doses of heroin, or a Waugh's infant's anodyne granule, as it would that of an ounce bottle of morphine or cocaine.

Now, we are *not* opposed to legislation designed to restrict the sale of habit-forming drugs. As we have said before, we favor it. But let us place the burden upon those actually *selling* these things; if necessary, compel the manufacturer, the importer, the jobber, the retailer, and also *the doctor* to keep accurate records of the amount of these drugs that go through his hands, with the place or person of ultimate disposition; punishing severely those who use their trade or their profession to debauch others for a profit. But, for the sake of the sick, let us put no additional financial burden upon those who are ministering to their suffering.

To tax the doctor in his work of affording relief to those in distress or to make it more difficult for him to secure his supplies, will not help to solve the problem of the abuse of habit-forming drugs. And it makes our already difficult and unremunerative profession more difficult and less profitable. It will punish the innocent, while the guilty can easily escape.

Enforcement of prohibition in Kansas has reduced the admission to insane asylums in that state about one-sixth, in six years—from 62.4 to 52.4 per thousand in population. Does it pay?

THE EXAMINATION OF THE FECES

We have repeatedly called attention to the importance, in treating disease, of systematic examination of the feces. The time has gone by for the ancient practice of diagnosis by mere guessing, and the doctor who today does not avail himself of the exact methods of the laboratory is on a par with him who used to tell the time of day without the aid of a watch. Granted that some men became so skilful that they could make remarkably close approximations by this empiric method, men nowadays rely on watches and clocks.

This matter of feces examination receives a new impetus from an important paper appearing in *The Journal of the American Medical Association* for June 15, detailing the results of Dr. M. W. Glover's observations made in the case of various Oriental immigrants. Dr. Glover presents statistics of 797 Japanese, 1032 Chinese, and 52 Hindus passing through the immigration station at Angel Island, California. All of these, except 194, proved to be infected with various forms of intestinal parasites. Of these, 876 harbored hookworms; the others combinations of round-, thread-, and whip-worms. This does not take into account filaria, amebas, and malarial parasites, all of which have been found among these immigrants from the East.

Since the attention of the immigration officials has been directed to the matter, they have become so expert as to be able to recognize hookworm infection by the facies of the subject. These patients present some anemia (most notable about the lips), a peculiar muddy complexion, listless facies, lusterless hair, besides presenting, rather commonly, hemic murmurs. Retarded development, for the age, of course is evident in those affected while still young. The cause of the prevalence of these parasites is traceable to the use of human excreta as a fertilizer and the practice of going about the fields, infected as the latter are, with bare feet.

A SIMPLE AND CHEAP DEVICE FOR SEWAGE DISPOSAL

The prevalent utilization of human excrements for manuring purposes is strongly objected to by Dr. Glover, of the U. S. Marine Hospital corps; but he is, by no means, the only one to protest. Thus Dr. Lumsden condemns it in vigorous terms, and his admirable system of disposal of sewage was designed especially to provide a remedy for this evil. A brief description of his device follows.

By Lumsden's method, the sewage is received into a closed tank, where it is oxidized and liquefied, the overflow passing over into a second tank, whence it may be taken and burned. The system is inex-

pensive, provides security against the access of flies and mosquitoes, prevents all odor, and absolutely avoids contamination of the soil and, through it, of the drinking water. The overflow-tank for a family of average size requires emptying but once in six months, when less than a barrel of fluid has to be disposed of.

Throughout our southern states privies rarely are provided in the country districts; and here it is where hookworm-disease is most prevalent and disastrous. How many more infections may be traced to human excreta when systematic examinations become the rule the future will reveal. I believe there are many, and that we, who have sedulously urged the importance of attention to the disinfection of the alimentary canal, will be fully vindicated. The general adoption of the Lumsden sewage-tanks on the farms of America would result in a saving of money and of health beyond computation.

The total cost of the necessary parts for constructing such a system is:

Two tar-barrels	$1.00
T-tube, 2-inch	.65
20-inch iron drum	1.50
Total	$3.15

The work can be done by any man who is able to build a frame of the outhouse. The Illinois Board of Health publishes a description of this apparatus, with pictures and list of pieces of lumber required, which makes it easy for any unskilled man to install the system.

Some philospher has said: "The earth has far more time than you, but it never has postponed a single turn." Yet I'll guarantee that a thousand men will read these lines who have bemoaned their lack of opportunity—they're "so busy."

SCHOOLS, SECTS, METHODS

Compare the uses to which quinine may be put with the therapeutics of cinchona bark, and it is easy to comprehend the enthusiasm of the active-principle advocate, if a like result follows throughout the materia medica.

The exact remedy for a malady exactly diagnosed is what the user of active principles is able to apply; the right thing at the exact moment when its influence suffices to meet the need, avert the danger, and reestablish the tottering health.

The great reason for men's differing in opinion is that they do not start from the same point. Many of us are accustomed to look upon disease as an actual entity, a thing to be considered as an undivided whole, and proceed to treat it upon that supposition.

To the active-principle man, the only entity confronting him is the patient. Instead of beginning with the disease, he commences with the man. His diagnosis begins with appreciation of a disorder in physiologic function, and he seeks to detect this, and its cause, at the earliest possible moment, in order that he may get to work quickly with remedies calculated to restore the deranged functions to normal action before further lesions have been inflicted.

This system means a close study of the patient in the earliest stages of his illness, at a time when treatment is most effective. The ideal success is in the case of an inflammation, taken in the stage of hyperemia, when paresis of the capillaries, with dilatation and engorgement, is still the only lesion, and bringing the train of pathologic processes to an end there without allowing the disease to develop the later stages.

To the physician accustomed to look upon diseases by their names, there is difficulty in classifying such maladies, for he can not diagnose them until the classic symptoms have developed; and then it is too late for therapeutics, since anatomic lesions have already been inflicted. Then he must wait for Dame Nature's slower processes of repair.

Between the two, there necessarily must be a conflict; for each knows he is right—and he is, as he sees the matter. We take the unassailable ground that the best physician is he who detects his patient's disease at the earliest possible moment; and the most successful one is he who institutes effective treatment at the earliest possible moment.

The advantages of a method that encourages such a study of the patient are obvious. The doctor has less trouble comprehending

and curing his patients' maladies than in classifying them. Take a case of hyperemia of any part of the body. By prompt and energetic treatment, the course of the malady is stayed and the chain of morbid processes is broken. The pessimist denies that the disease would have progressed beyond this point in any event, while the man who did the work—the optimist—just as firmly believes that but for his intervention there would have followed the entire train of morbid processes, ending with suppuration or destruction of tissue-elements.

That all hyperemias, if not interfered with, would thus end, nobody claims. It is a matter for clinical study. If one employs adequate measures to dissipate the malady in its early, formative stages, and if the proportion of abortive cases materially increases under such treatment, while those treated expectantly by other practicians continue to develop into the graver phases, the argument is so strongly in favor of the active treatment that the burden of proving shifts to the opposition.

This fact reveals at once the innate weakness of the pessimist party; for its strength lies in negation, in simply sitting back and demanding proof, credibility of which it may still deny even if the evidence is conclusive. Meanwhile the negative does absolutely nothing. This is the force of conservatism, of inertia—a salutary element many times, but the one great bar to the progress of mankind. The brakes are a very necessary part of a vehicle's equipment when going down Hubbard's Hill, but all the brakes in the world never pulled a pound.

In one of the exchanges last month, there was presented a list of twenty delusions that had been advocated by the medical profession, but which were now exploded. Among these were Perkins' tractors, besides other forms of curing, which were strictly divagations for the lay mind with amateurish proclivities for meddling in matters medical. But included in the list were homeopathy and eclecticism.

As to the former, there is not a student of pharmacology who has failed to recognize the antagonism between small and large doses. When we read of the various phenomena following the exhibition of small doses, we look almost as a matter of course for the sequence: "when maximum doses are administered, all these effects are reversed." Not long ago the venerable Nestor of the Paris faculty, Huchard, astounded his colleagues by the announcement of his belief in the truth of homeopathy.

Between the pharmacologist and the homeopathist, the argument lies merely as to the universality of the principle and its exclusiveness. The votary of the sect asserts that this antagonism between large and small doses pertains to every substance utilized as medicine; and he goes—not a step, but a plunge—further, and declares that there is but one law of cure, and that all cures must be made by the use of the small doses homeopathically applied. It is to make his system universal and absolutely exclusive, that he carries his dose attenuation to absurdity, diluting, as he admits, until every trace of the drug material has disappeared and only the inert vehicle remains.

The principle of homeopathy has received adequate attention at our hands. A notable instance of this was a paper by Mays, in *The Boston Medical and Surgical Journal*, in which he showed that small doses of strychnine, atropine, ether, chloroform, and so on, were all stimulant, and large doses sedative, and that the stimulant doses of either antidoted the sedative dose of any other. Certainly, this does not look like an indisposition to acknowledge the truth in sectarian contentions.

I repeat, it is the universality and exclusiveness of the homeopathist's contention we decline to admit. When he pushes his smallness of dose into infinitesimals, when he asserts that the effects of such a dose—single—of chamomile can really be detected forty-seven days after it has been administered; when he exposes milk-sugar to the light of the moon, potentizes it by attenuation, administers it under the name of "luna," and "gets therapeutic effects from it"; when he invests every plant and other substance in nature with remedial virtues, and fails to take into account that

with every breath we take into our bodies myriads of "doses" of innumerable potent remedies, while any desirable change he attributes to the one similar dose he happened to give; when he denies the possibility of any cure being effected except by the law of *similia*—we are unable to follow him.

As is true of many another votary of a creed, the Homeopathist believes his own so firmly that his comprehension has no room for the realization that other truths may coexist. The idea that there is but one road to Truth belongs to a past age.

In the other "exploded delusion," we are treated to a genuine surprise. Eclecticism there is defined as the treatment of abnormal conditions by remedies that correct them, regardless of the nosology. I have never known that definition applied to Eclecticism. My belief always has been, and is, that the Eclectic defines himself as one who chooses the best out of all medical systems. In that sense, every real physician must be an Eclectic.

That Eclectics have of late laid much stress on specific diagnosis and treatment is inevitable—no man can make the sick-room the basis of his studies without coming to it. By specific diagnosis, I mean the study of the patient leading to the recognition of abnormal functionation somewhere; after which the application of such remedial measures as are capable of restoring the aberrant functions to normal operation comes as the therapeutic indication. The remedy may or may not be directed against the etiologic factor—that is a matter of detail, and I only mention it here to forestall a probable objection.

Like homeopathy, Eclecticism began in the days before the present era of scientific medicine. Neither had aught with which to contend but pure empiricism. The insight we now enjoy into the physiologic functions and the course of pathologic processes has come since these sects sprang into existence. The advances in science made by the regular school have been so great that we can well afford to be just, and to assent to the claim of these gentlemen, that they, too, have added somewhat to the sum total of professional knowledge.

With both schools, their principal laboratory has been the sick-room. They have studied the patient, and noted his symptoms with a minuteness that, when judged by the correlation of results from many observers, could not fail of some results of real value. The one has sought to match the patient's symptoms by those following large doses of a drug, and then to avail himself of the opposite effects of a small dose. The other has sought, by plain clinical study, to form a groupage of symptoms for which a remedy is applicable, regardless of any supposititious "law."

When such studies have been carried on for a century, by thousands of men, many as well-educated and trained as we, and as capable of judging, it would be a miracle if they had not succeeded in developing something of value. Constantine Hering gave specimens of a drug to a number of his confrères and asked them to test its powers, declining to tell them what the remedy was. The reports as to the effects of the drug were similar, and on this he based the uses of lachesis, the venom of the *lance-de-fer*. Was it chance that all experienced the same symptoms? That were indeed a miracle.

Meanwhile we of the regulars have not been therapeutically idle—at least not all of us. Our studies in pathology made us discontented with the old empiricism. We could not remain content to know only that a drug did good—we wanted to know why and how it worked. Pathologic studies shifted our base. Clinically we had recognized four forms of nephritis, the acute form with bloody urine and the other signs, the albuminurias, profuse, moderate and scanty, with concomitant symptoms from which we built up our nosology of acute, amyloid, desquamative, and interstitial. The autopsy showed us several forms of this lesion, such as lardaceous, the large white, and the small contracted kidney.

It was up to us to digest and assimilate this new knowledge and to associate many symptoms-groupings with the disclosures of the autopsy table. This has been no easy task; nor is it, yet, nearly complete;

but the fact remains that clinical medicine is rapidly shifting to the basis of pathology.

Nor have we been neglectful of the therapeutic field. We have studied drugs by observing their action upon animals and upon human beings in health. So much definite information has thus been gathered that the experimentors, secure in the almost mathematic certainty of their results, have ignored those obtained in the clinical field. So, also, the pathologist has been so absorbed in his investigations that he, also, has ignored the clinician, and overlooked the fact that the subjects of his studies have been the end-results of pathologic processes, rather than the interference with physiologic function.

We have here the scattered threads out of which the physician is to weave the splendid tapestry. Let us waste no effort in bickering over the proportion each sect is to furnish, but rest assured that, though warp and much of the woof may be strictly "regular," there will surely be Eclectic and Homeopathic strands in it.

Meanwhile the writer from whom I originally quoted was certainly right in so far as his words applied to the continued existence of these two as separate schools. What is true and of value in their work must live perforce and continue; but the day of separatism is past. Struggle against it as they may, the exclusivists grow fewer every year, and their extinction is in the near future. Earnest seekers after truth recognize each other as alike working for the same end, and the others do not count seriously.

However, this union must be strictly and unanimously voluntary, and as long as there are left three who swear to their exclusive possession of the Truth, they should hold together and keep up their organization. It may well be, indeed, that in this way the studies on which they set especial value may be better carried on, than if their identity were lost by merger with the great school.

START WHERE WE LEAVE OFF

It is a matter of regret for every aging thinking man that his young successors cannot start where he leaves off. It seems that every last one of our young people is determined to stub his toe against the same old brick or to put his finger on the paint to see whether it is wet, and to do all the other stunts which we old ones have learned by experience to avoid.

However, we need not grumble or expect anything else; for, is it not a part of the grand scheme of evolution? We know that in the progress of evolution every human being passes through every phase of the development of the organic kingdom, from the single cell to the man. As a part of this, also, each man, after his birth, passes through the stages of evolution of the race; so that the desire of the child to climb trees, dig caves, build houses or nests in the trees, use bow and arrow, and so on without end, is but a part of his ancestral instincts.

The hope of the future lies in the fact that each succeeding generation takes less time to go over the ground already passed by its predecessors; and of this we earnestly hope that the young men now leaving the medical colleges may give a brilliant example. Century after century the medical profession has been working at its materia medica, making every mistake that could possibly be made, halted by every mole-hill that arose in its path; but finally it has arrived at something like certainty in the nature and the application of its remedies.

By the slowest and most painstaking processes, we have at last ascertained that it is good to employ definite remedies, which, being exact in their nature, exert an exact influence over the bodily functions in health and disease. As long as we were confined to remedies that one day did one thing and the next day did something entirely different, anything like real progress was impossible. Now we have, in the alkaloids and pure chemical salts, remedies the effects of which are unvarying, because their nature and composition is unvarying. From this step to the study of their effects on disease or disorder of the human functions is a short and easy one.

But this forward step having been taken, the physician who takes it has at last started his feet upon the true road. Men

who have grown gray in the use of the uncertainties and have learned to estimate them and apply them with consummate skill do not realize, as a rule, the importance of this matter. They have acquired such skill in the use of the old-fashioned remedies as to obviate many of the disadvantages connected therewith. Unfortunately, this skill dies with the individual.

A great opportunity presents itself to the new graduate, for he is able to begin ahead of where his predecessors stopped. He may know exactly what his remedies will do. The application of them to disordered physiologic function is a step so natural that it is easier to make it than to refrain. Knowing what his remedy will do, and knowing exactly why he gives it, he will then know exactly what to expect and to look for as a result.

And so the world moves on; and the profession is gradually shifting its position from the old basis to the new. Instead of blundering over the old road, the young graduate may start with the advance. He will have that much less to unlearn. He will escape thereby that period of pessimism or disgust for drugs and for all the results coming from their application which surely comes to every physician who endeavors to base his practice on the old crudities.

There are fools who kiss, and tell. Wisely has the poet sung: Man may hold all sorts of posts, if he'll only hold his tongue.

MUCOMEMBRANOUS ENTEROCOLITIS

In a very interesting article in *The Monthly Cyclopedia and Medical Bulletin*, Dr. Nepper, chief of the laboratories of pathological physiology in the College of France, describes the mechanism of mucomembranous enterocolitis.

As he points out, there are three cardinal symptoms of this disease: (1) Constipation, (2) mucomembranous discharge, (3) pain. The disease is characterized by this constant, definite syndrome. Each symptom, in turn, as Nepper endeavors to demonstrate, is due to a deficiency in the functional activity of the liver.

Hepatic insufficiency is a factor in the production of constipation and enterocolitis: First, the liver secretion, bile, acts as a direct stimulant to the peristaltic action of the bowel; if the bile is deficient, then the muscular reaction of the bowel is weak and constipation results. Second, the bile exercises an anticoagulant action. When it is not present in sufficient quantity, a special coagulant forms, which is called mucinase by Professor Roger; this acts upon the mucin of the bowel, producing the mucous strings and membrane often found in abundance in the stools of patients suffering from enterocolitis. If the bile is present in sufficient quantity, the mucinase is inactive and no coagulation results.

Of course, back of the insufficiency of the liver there may be some other disorder in the abdominal and pelvic areas drained through the liver, so that infection in other portions of the body, such as inflammation of the intestinal mucous membrane, inflammation of the uterins organs, etc., may produce excessive demands upon the liver, resulting in its insufficiency.

As is well known, this disease is very common in women, in whom it is to be suspected if there is a muddy complexion, deficient nutrition, constipation, attacks of abdominal pain and anemia. The so-called "exhaustion" sign of neurasthenia is often a sign of bowel leakage in cases of this kind.

When mucomembranous enterocolitis is established, the general indications for treatment are as follows: (1) Reduction to a minimum of the toxic and putrefactive products in the intestine by an appropriate diet. (2) Shortening the period of transit of food through the alimentary tract, and (3) prevention of the coagulation of mucus by a treatment consisting, rationally, of a cholagog, the best being bile itself.

Nepper forbids all readily putrescible albumins, including eggs, milk, and most meats—he prescribes a low-protein diet. He diminishes the quantity of fats, because they favor the absorption of bile and limit the bowel action of this substance. He advises the use of cellulose-containing foods, since these provide a soft, nonputrescible mass which acts as a laxative. Ordinary vegetables will supply cellulose.

Water is to be drunk during meals and in very hot infusions afterward.

The only remedial agent advised is bile. Nepper recommends a specially prepared extract containing all the active substances but none of the putrescible nucleoalbumins present in these biliary preparations. The ideal preparations would seem to be the purified salts of the bile, glychocholate and taurocholate of sodium, which are free from the putrefactive proteins and contain the full activity of the bile itself.

Another factor, to which Nepper does not give much attention, is the presence of a large infecting bacterial flora, especially in the colon. This germ growth is inhibited by the presence of bile in normal quantity and removed by relief of the constipation. Since frequent laxatives increase the local irritation, enemas are quite generally employed, or colonic lavage. Intestinal antiseptics are distinctly indicated, in association with bile salts. The low protein diet is a vital part of the treatment, eggs, milk, meat extracts, etc., being the ideal culture-media for germs.

RADICAL METHODS IN SURGERY

Speaking of rheumatoid arthritis, Middleton (*Practitioner*, Jan., 1912) says that septic foci should be properly dealt with; and he adds: "I am strongly of the opinion that in these cases all teeth should be removed, since few are healthy. Teeth may be responsible for much gastrointestinal catarrh even when there is no actual pyorrhea."

Now, that proposition seems to need elucidation. The first thought is that possibly Dr. Middleton, having lost his own teeth, is like the fox who had lost his tail and wanted company. Ignoble thought!

Next we conclude that he has got the cart before the horse and, instead of discerning the evil influence fecal toxemia has over the teeth, he has blamed these innocent and harmless structures with that digestive disorder which is in truth the cause of their own undoing. We shall follow this lead by sending him an account of the classic investigation made by Talbot on the etiology and treatment of pyorrhea alveolaris.

But further consideration convinces us that Dr. Middleton is in strict accordance with the spirit and customs of the day. He is following the traditional course of the great man—the surgeon.

Not many generations ago an English surgeon proposed that, for certain abnormal manifestations in women, the clitoris should be removed. At once the clamor arose that he had advised a mutilation, and the adverse feeling aroused was sufficient to drive the rash proponent out of the profession. But a few years later every young scrub whose diploma was scarcely dry was exhibiting at the medical societies dishes well filled with the ovaries he had abstracted from his patients. The term "mutilation" was forgotten. The novelty in time wore off, and since then we are in the era of appendix removals. No matter whether there is anything wrong with the gut or not—out it comes; just as we should kill a rattlesnake, not because it had bitten anybody, but to prevent its doing so. So we extract the appendix.

Why not the teeth? There must be a successor to the appendix—already there are signs that its reign approaches the latter day. On what head will the crown descend next? Metchnikoff indicates the colon as the next to go. It may be that some disciple of Freud may suggest an operation analogous to oophorectomy, except as to the sex of the victim—altogether, perhaps, we had better accept Middleton's proposition pull out them teeth; and let it go at that.

The mantle of prosperity may cover a multitude of sins; but the cloak of adversity hides as many more.

ARE YOU A GOOD SHOT?

The difference between a good sportsman and a poor one is, that the former gets the game, the other misses. Some men are naturally better shots than others, but the difference lies mainly in care. One selects a good gun that fits him, secures good ammunition, takes careful aim, and scores a hit. The other borrows "a gun," gets

some shells, points his gun in the general direction of the mark, lets fly, and hits the atmosphere. Sometimes the bird flies in front of his gun, and he makes a hit—at which he is greatly elated.

There be good sportsmen among doctors. They know that well-made and tempered steel is better than the cheaper grades; that well-sterilized catgut is safer than the other sort; that the very best drugs, certain of action because unvarying in composition, are worth just as much as a good gun, which, carefully loaded for the object and aimed straight, will carry its missiles truly to the mark.

Knowledge of physiology enables one to recognize deviations from normal function—diagnosis. Familiarity with the working of the human machine makes one quick to recognize the presence of an abnormal body, just as the machinist knows it if a handful of sand is thrown into the machinery.

Knowing exactly the trouble, one must know exactly the remedy. There is a pleasure in practising medicine to the man who studies the living subject, and does not take his conceptions of disease solely from the dead.

Knowledge of physiology opens the door to pathology; of materia medica, to therapeutics; the study of drug action in animals and in healthy men prefaces the study of these agents in disease.

How many men, yawning over the tedium of their lives, in isolated communities—away from the great medical centers where things are doing and their fellows throng about the illustrious surgeon who has found a new excuse for mutilating the human body, the form divine—realize that to them is presented the last and greatest of the series of medical studies? No laboratory compares in interest or importance with the sick-room; all else is but preliminary and preparatory to this, the *summum bonum* of medical art.

The Temple of Medicine is grand—but it has no roof; and the winds and rains beat in unchecked and destroy the lovely frescoes. The roofers are standing by, lost in admiration of the deft work of the builders of walls, the wielders of the brush, so that they forget to do their own part.

The greatest opportunity in medicine today lies before the man who has not a colleague within twenty miles; provided he understands his chances. If he is a good sportsman, he will have a good gun, the best of ammunition, and will practise careful aiming and quick shooting before the game is out of range.

PILOCARPINE IN THREATENED PNEUMONIA

In a late issue of *The Therapeutic Record*, Dr. J. J. Hathaway recommends pilocarpine as a remedy for the acute congestion of the first stage of pneumonia. He gives small doses frequently repeated until the skin is moist, generally 1-16 grain every half to one hour. His reason for this selection is that pilocarpine is diaphoretic, diuretic, and expectorant, stimulating the sweat-glands of the skin and the mucous glands of the mouth, throat, and respiratory tract. If carried far enough, this drug produces free perspiration, with a simultaneous drop in temperature. It also causes leukocytosis—a very important point in the early congestion, when nature is endeavoring to rid the system of toxins. It is diuretic, increasing both the aqueous and the solid parts of the urine. It is expectorant, enabling, retained and infected mucus to be eliminated together with large numbers of microorganisms.

In all of this Dr. Hathaway undoubtedly is correct. Nevertheless, I do not approve of his use of pilocarpine, for the reason that in some cases it has been known to give rise to pulmonary edema, and this is a distressing and perilous condition. For this reason I should prefer to depurate the system by prompt and vigorous cathartics, bring the pulse under control by the aid of veratrine (this being perhaps the best all-around eliminant at our disposal), and still further favor resolution by the use of calcidin in full doses. Since the discovery that this latter remedy may be given in doses of five or ten grains, it has proved of a value not previously suspected by its most earnest advocates. This is especially so in the forming stages of respiratory inflammations and in influenza.

Leading Articles

Displacements of the Abdominal Viscera

By BOARDMAN REED, M. D., Los Angeles, California

EDITORIAL NOTE.—A very important factor in the production of ill health is undoubtedly to be found in the various displacements of the abdominal viscera. Especially is this true with respect to women, fifty percent of whom, it is estimated, present this condition in greater or less degree. Its importance can hardly be overestimated. We particularly urge a careful perusal of Dr. Reed's article, and of the one that follows.

IN a very large proportion of women, and also in many men, a careful examination would show one or more of the abdominal organs to have sunk below the normal position. Dr. Stockton, an eminent gastrologist of Buffalo, says that "more than 50 percent of all civilized women, in all classes of life, have developed the condition known as enteroptosis, which means that the stomach, intestines, very often the kidneys, and sometimes the liver are dragged downward and remain permanently out of their proper position."[1]

General Considerations

This trouble is unquestionably enormously prevalent, and it is certainly the imperative duty of family physicians to take every means of making themselves expert in recognizing and treating it. Unfortunately, it is now rarely diagnosed, except in some of the worst cases, until the sufferers from it fall into the hands of a specialist.

The largest number of ailments of the circulatory and nervous systems result from disease or derangement of some of the viscera in the abdomen, and a displacement of these often is the first link in the chain of disturbances which slowly develop constipation, or diarrhea, or derangement of the gastric secretion, with a later termination in arteriosclerosis and apoplexy, heart failure or appendicitis, to say nothing of ulcer either in the stomach or duodenum, with its frequent sequels—cancer or peritonitis.

In most obscure cases of chronic disease, important light as to the cause may be obtained by determining the position and condition of the principal abdominal viscera; then, when these are found to be abnormal, the correction of the fault will frequently conduce to the cure, even when it is not an indispensable preliminary. And many times, when the cause seems to lie clearly elsewhere, the disease really has resulted, directly or indirectly, from some gastrointestinal fault, as, for instance, in the case of a displaced uterus or ovary, which has been pressed down by a displaced and overloaded stomach and colon above.

A complete and adequate consideration of the ptoses is not practicable in a single journal article, hence this contribution must be limited mainly to treatment. All the authors of works on diseases of the digestive system have considered these displacements more or less fully. I myself have discussed them at length in many previous papers, besides devoting six of the most important chapters of a large textbook to them as well as to an account of the most practicable methods

[1] "Personal Hygiene." W. B. Saunders & Co., Philadelphia, 1900, page 47.

of mapping out the stomach, intestines, and kidneys.[2]

The symptoms of the various forms of indigestion—virtually all of them, from nausea and vomiting, constipation or diarrhea, and flatulency, to pain and persistent nervous derangements, with insomnia and even severe neurasthenia—may be due to some of the displacements. In some cases, for a long time, there may be no noteworthy symptoms.

The Treatment of Visceral Ptosis

When a displaced kidney has been recognized, the usual procedure is, to turn the patient over to a surgeon, who fastens it in place by an operation. This sometimes cures that part of the trouble, although frequently it does not, since relapses are very common.

The equally important and generally coexisting prolapse of the stomach and intestines is commonly overlooked by the physician and not always discovered by the surgeon. Most of these patients, in their earlier stages, are curable without a cutting operation, and nearly all of them can be relieved at once by replacement and the application of a properly fitted abdominal supporter, followed by a course of manipulations, active exercise of the weakened muscles and methodical stimulation of them by massage, vibration or electricity, with some help from hydrotherapy.

When, for any reason, these forms of curative treatment cannot be persistently employed for at least several weeks—possibly for months in the worst cases—surgery may be advisable. The gynecologists have been very active in this field and have been doing excellent work for some of the desperate cases which otherwise would be hopeless.

By far the most effective means of procuring immediate relief of the symptoms is the application of adhesive plaster, to be described later; but this form of support is not practicable while the prolonged curative treatment is being carried out.

Replacing Prolapsed Viscera

To replace the fallen viscera, proceed as follows: Let the patient lie down on the back, with two thick cushions under the hips, and direct her (a majority of the patients are women) to breathe deeply, while you stand beside the bed or table facing her feet. Then, during each prolonged expiration, you should press the palms of your hands deeply into the lower abdomen near the groins, and, after a little kneading and shaking of the parts, push the viscera firmly upward. Repeat this upward pressure with each expiration four or five times, when, unless adhesions have formed, the various prolapsed organs can be shown to have been raised one to four inches—often to their normal level. Such lifting movements are a useful part of the curative mechanical treatment, but the exercises and excitation of the muscles which should follow, are essential.

When a full course of treatment is not practicable, the adhesive straps will relieve the most promptly, for as long as they can be worn.

The Adhesive-Plaster Support

To apply the straps, after replacement, have at hand two or four strips of the best zinc-oxide adhesive plaster, 2 1-2 to 3 inches wide and 20 to 30 inches in length—long enough to reach from the groin to the top of the shoulder-blade on the same side behind.

Beginning on the left side, then, apply one end of a strap firmly to the abdomen low down near the groin, and, while the patient breathes very lightly, to avoid pushing the organs down again, and with someone holding the plaster firmly in place, carry the other end around to the right, over the liver and upward, pressing it carefully against the skin all the way; then finally attach it to the upper part of the left shoulder. Repeat the process on the right side. If the ends should not stick well, they can be held in place by attaching a strip across them, both in front and behind. One of the straps on each side

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[2] "Diseases of the Stomach and Intestine," by Boardman Reed, M. D., New York: E. B. Treat & Co., 1911. Also articles in the following medical journals on the subject of the displacements, viz: *The Medical News*, N. Y., Jan. 18, 1896; *Berliner Klin. Woch.*, Berlin, No. 43, 1896; *Int. Med. Mag.*, N. Y., Jan., 1899; *Ther. Gazette*, Detroit, Sept., 1899.

usually is enough, though two are better for very large patients.

This is my own method of strapping the abdomen, and it has proved very satisfactory as a temporary support, affording prompt relief to the pain or dragging discomfort and other sympotms. The relief is usually striking, and one or more such applications is often a desirable preliminary to the more tedious course of curative treatment.

The plaster can generally be kept on comfortably for from three to five weeks, after which, on account of the irritation of the skin—especially in hot weather—it should be gently detached with the help of ether or gasolin, and the less perfect support of the ordinary belt or abdominal supporter be substituted until the irritation has disappeared or during the course of mechanical treatment as the case may be.

Dr. A. Rose, of New York, who first described a method of supporting prolapsed organs with adhesive plaster, applies a much larger amount of it, covering more of the abdomen with the material; but I have found the smaller straps efficient and less irritating.

The Curative Course of Treatment

To cure these patients, the earlier the treatment is begun, the better, of course. At least every other day, first the lifting movements should be made, and then stimulation of the stretched and weakened muscles be given either by massage, vibration or the interrupted electric current (faradism), or, still better, by two or more of them applied for five or ten minutes over the entire abdomen; except that, when there is an excessive secretion of the gastric juice or of the hydrochloric acid, the stimulation would best be limited to the lower abdomen alone—that part of it below the stomach.

In the cases last named, when there is no suspicion that an ulcer is present, intragastric electricity usually is highly effective in improving both the motor and secretory faults. The high-tension faradic current from a very long fine wire coil, has, in my hands, nearly always lessened an excessive secretion, and the ordinary coil, with a short coarse wire, has tended to increase a deficient secretion of the hydrochloric acid; at the same time, either current strengthens the muscles both of the stomach itself and of the abdominal walls.

When the patient is not too weak, there should be, in addition to the measures just described, active exercise daily of the abdominal muscles. Rowing is the most efficient form and tennis is also excellent, but pulleys and weights will do good service instead, and pulling on the knees with clasped hands against the resistance of opposing muscles, while lying on the side, is a fairly good substitute for rowing. Rational hydrotherapy is a good adjuvant, especially the pouring alternately of hot and cold water upon the bare abdomen, followed by brisk rubbing with a coarse towel. Tonic medicines, such as iron, arsenic, the phosphates, and so on also often are needed.

Premising that there are no adhesions binding the viscera in wrong positions and that the diet and personal hygiene generally are right, such a course of treatment is reasonably sure to succeed. It will overcome gradually any ordinary displacement, as well as many extraordinary ones, and effect a permanent cure, provided always the patient will persevere with the proper exercise, temperate eating and drinking. and hygienic living in every way.

MEDICAL etiquette is not represented by abstruse rules but is in truth the plan for a broad kind of professional conduct founded on the great maxim of Christianity: "Ye shall do unto others as ye would they should do unto you."—The Lancet.

Gastroptosis and Atonic Gastric Dilation

By A. L. BENEDICT, A. M., M. D., Buffalo, New York
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IT is scarcely necessary to state that the successful treatment of motor and mechanic conditions of the stomach must be based on a correct conception of the conditions present, both in general and in the particular case. The physician whose diagnoses and conceptions are based on actual demonstration, critically considered in each case, soon finds that many plausible theories concerning the stomach are far from correct.

For example, there is a surgical dictum that obstruction at the cardia goes with a small stomach, obstruction at the pylorus with a large one—a natural inference, but by no means always true either way.

Again, we naturally associate motor weakness of the stomach with prolonged retention of its contents—an equally logical yet still more incorrect premise. A primary obstacle at the pylorus, whether this be due to extrinsic pressure, to local tumor or cicatrix, to idiopathic muscular hypertrophy (if there is such a condition) or to reflex contraction resulting from an adjacent ulcer or some unknown factor, almost inevitably delays the passage of the contents into the duodenum. However, this condition is almost always followed by increased muscular power on the part of the stomach generally, exactly as valvular obstruction of the heart is followed by an attempt at compensation. Likewise, as in the case of the heart, functional attempt at compensation is often, if not regularly, followed by true hypertrophy, although in either organ dilatation and muscular weakness, even atrophy, ultimately develop.

Rather frequently the anterior wall of the stomach can be felt as a tough, dense wall, and the organ is small. The more the clinical picture of the case resembles cancer, the greater the suspicion that the palpability of the gastric wall is due to infiltration; the more clearly achylia and general fibroid changes are demonstrable, the more must we lean toward the diagnosis of a true interstitial gastritis; yet in many instances, whatever the probabilities, we ultimately find a genuine muscular hypertrophy.

On the other hand, true muscular atony is not incompatible with a very rapid passage of contents through the stomach. Provided that the stomach is not a pouch mainly below the pyloric level and that the gastric wall generally and the pylorus are equally weak, in that case bland, soft, semiliquid contents which are such as are expected from the usual advised or self-imposed diet in such cases easily slip through into the duodenum. There has been considerable dispute as to the proper conception of achylia gastrica and relaxatio pylori, so called. There certainly is a tendency to combine these chemic and mechanic factors of weakness, but there is no necessary association.

Another fact, extremely puzzling in its therapeutic demands, is the lack of connection between the competence of the pylorus and of the cardia. However, the cardia is normally a very weak sphincter, and it is, therefore, not surprising that it is especially apt to allow regurgitation in those cases in which the pylorus is spastic or organically obstructed.

To make a complete diagnosis of the conditions here considered requires a thoroughly judicial attitude. What is the stomach doing chemically? At what time, do its contents escape? Is there obstruction of some kind at the pylorus? What is the size, the shape, and the location of the stomach? What is the consistence of its walls? What definite lesions are present?

All these questions should be answered on direct evidence, without being prejudiced by the evidence on one, to jump at a conclusion with regard to another. If we make diagnoses on the theory that if one thing is so another thing ought to be thus, our therapeutics will also be on the basis of what ought to happen, whereas the

patient is crudely unscientific and demands that certain things *shall* happen.

Atonic Gastric Dilatation Defined

Atonic dilatation of the stomach is a marked enlargement and relaxation of the organ, occurring from essential weakness, without organic obstruction, at the pylorus, and is quite analogous to certain types of cardiac dilatation without valvular disease, although the latter may be marked by murmurs. It is favored by distention, either with gas or with large quantities of ingesta, particularly water. It is also favored by ptosis—and these two conditions may develop concurrently. Gastric catarrh naturally favors its development, both because the latter is apt to be complicated with true degenerational processes in the musculature and because catarrh is usually attended with deficient hydrochloric acid and ferment activity, so that digestion is slow and gas formation marked. Anemia and systemic depression generally favor its development, not only directly, but because slow digestion and fermentation with lack of hydrochloric acid are usually present in such cases. But note that we are speaking of tendencies, of phenomena that may be expected as sequalæ, not of inevitably cooperating processes.

We may have a weak, atonic stomach which recovers without ever reaching the stage of dilatation. Such a stomach is usually atonic in secretion as well as in muscular action, but not necessarily so; even with deficient hydrochloric acid and peptic power there may be a surprising lack of fermentative processes. We must take the case as it is.

A stomach which is strong in secretion and motion, even if larger than the average, can not be considered dilated. A hard-working man or even a human hog may habitually eat and drink large quantities, even including carbonated waters, and beer and vegetables, which inevitably ferment to some degree, yet neither the actual weight nor the distending influence of the ingesta bring about a true dilatation.

On the other hand, unless an organic stricture or spasm due to ulcer or other cause involves the pylorus very gradually in a person already prone to atonic dilatation, genuine obstruction at the pylorus does not usually produce dilatation immediately, but only after compensation has failed, almost precisely in analogy with the heart. Thus there seems adequate reason, both from the practical and the theoretic standpoint, for recognizing atonic dilatation as a distinct type.

By many writers, especially surgeons, ptosis and dilatation of the stomach are more or less confused, and it must be admitted that they have a common etiologic factor—intrinsic weakness of tissues—although in the former rather affecting ligamentous, in the latter, intrinsically muscular tissues. It is also true that, on the one hand, ptosis, by imposing (literally as well as figuratively) uphill work on the organ, tends to cause dilatation, while, on the other hand, the accumulated material in the lower part of a dilated stomach tends to pull down the whole organ and to cause a ptosis. Still, in the majority of cases, reasonably pure types will be met with.

It should not be supposed, as some critics have assumed, that the contention for a sharp differentiation of ptosis and dilatation—unless actually combined—is a purely academic matter. In the one case, the problem is to support, to lift up, in the other, to contract, although in both we have the common indications of strengthening and, if possible, of shrinking tissues. The crucial differential test is to determine the site of the upper part of the stomach.

A very practical point to consider is the fact, contrary to the general impression, that ptoses of different organs are not very frequently combined.

General splanchnoptosis (a protest may here be entered against the mongrel term visceroptosis) is a very rare condition, if one assumes the proper attitude of the man from Missouri. The writer has seen three or four cases in twenty-three years of practice, eighteen devoted to the digestive organs and abdomen. So far as gastroptosis is concerned, the existence of other forms of splanchnoptosis is significant, as follows: A flabby multipara who has uterine prolapse, including posterior displacement, may be expected to have a

low-lying, approximately horizontal stomach; nephroptosis usually develops in a slender-waisted, anemic young woman of low vitality. Such a one is apt to have a relatively vertical stomach which does not drain easily and which tends to become ptotic. When there is really general splanchnoptosis, including several organs, and among them the liver, the diaphragm is practically always depressed, carrying the supports of the stomach and spleen with it.

At the risk of repeating a warning already emphasized, it must be remembered that ulcer, catarrh, secretory disorders of various kinds, and many more remote diseases, such as chronic colitis, appendix lesions, hepatic sclerosis, gout, anemia, and so on, are to be considered, not as alternatives in a differential diagnosis, but one must decide whether they are present or not, in addition to the ptosis or dilatation or both. No attempt, however, will be made at this time to discuss their diagnosis or treatment.

Diagnostic Methods

In the diagnosis of gastric conditions, the question, What is the stomach doing chemically? can be fully answered only by the examination of a test meal extracted by the tube. The writer's effervescence test is of some value in determining acidity, more particularly after a preliminary thorough examination of the stomach-contents. Symptoms count for something, but not very much. The most typic picture of hyperchlorhydria, as described in textbooks, is found in cases of gallstones, with or without hydrochloric-acid secretion, indifferently. Buckets, test capsules, indirect methods depending on examination of the blood, urine, feces, and so on, are of little value in determining the exact state of the stomach.

Another advantage in taking the bull by the horns, by passing the tube, is that we also derive much information as to motor power, gastric capacity, time of emptying, mastication of food, carelessness in swallowing foreign matter, regurgitation from intestine, degree and kind of saprophytic growth in the stomach, and evidence of organic disease furnished by the presence of blood, mucus, epithelium, and so on.

The diagnostic methods have been so thoroughly discussed that allusion will be made to only a few more or less original details, including points in which practical experience does not corroborate theoretic statements.

In judging of motor power, allowance must be made for the former use of small tubes and inefficient means of extraction. Using a tube of 12 to 14 millimeters diameter and a suction-bulb, we usually get about 100 Cc. one hour after a test meal of bread with butter and water, or a similar meal amounting to 200 or 250 Cc. Such a meal should have left the stomach empty in two or three hours, while four or five hours is the proper allowance for an ordinary, fairly hearty mixed meal. We may feel satisfied if the stomach gets rid of a banquet over night. Abundant watery contents nearly or quite equalling or even exceeding the original bulk of the test meal generally indicates excess of secretion, usually, too, with an excess of hydrochloric acid, which reflexly stimulates the pylorus to close.

As a rule, stagnation of stomach-contents for a few hours, even the presence of parts of two meals taken only five or six hours apart, is not a serious matter. When we find a liter or more of contents, rich in lactates, even containing rotten meat and with particles that can be dated back several meals, there mostly is something more than mere ptosis or dilatation. Such contents almost always mean organic obstruction at the pylorus or in the duodenum, and, in the vast majority of cases, of cancerous nature. I have found fruit skins, seeds and core scales, and the like, dating back six weeks. With such conditions, the question comes up as to whether the pylorus is absolutely sealed. This can be answered by giving charcoal or purpetrol (pure mineral oil) and watching the feces.

Determining the Contour of the Stomach

In judging the size and shape of the stomach, we can tell something by ordinary percussion. The writer prefers auscultatory percussion, tuning-fork auscultation,

and so on, and has corroborated the results by means of the x-rays, by operation, and by autopsy.

The writer was the first to employ the bismuth method in this country (spring of 1897), being a few months behind Roux of Paris and acting independently of him. Allowing time for the bismuth to coat the gastric wall and using a fluoroscope, these methods correspond almost exactly. Recently, especially in Germany and in the United States, the preference has been given to radiography, which is certainly safer and a little more delicate.

With many persons, "seeing is believing," and attention has been called to the discrepancies between radiograms and gastric maps by auscultatory percussion, the implication being that the latter method is unreliable. Now, a fairer view is that both visual and auditory sensations must be revised before drawing conclusions. A radiogram is practically the same as an instantaneous photograph. It is correct in the sense that it shows a momentary kneading of the bismuth mass, but the successive shadows of the same stomach differ widely from minute to minute and no one of them gives a correct impression of the shape of the stomach. Contrast the bizarre shapes of radiograms with the stomach exposed at an autopsy or operation. Did anyone ever see such a stomach?

Mark I. Knapp has called attention to two ingenious and very simple methods of determining the gastric area, one by sighting on the slant the waves communicated to the abdominal wall by the resistance to respiratory waves of an underlying organ, the other by palpation of a stomach cooled by ice water. The former method requires some practice and corroboration by other methods. The latter method is liable to error from cold produced by evaporation; indeed, the present writer is somewhat undecided as to whether we actually feel the stomach as a cold organ or whether the ice water acts reflexly on peripheral vessels to produce dilatation and local perspiration and hence coolness of the overlying parts.

The stomach-tube is a valuable aid to the diagnosis of the gastric area, using it to distend the organ with water (not beyond safe limits) or with air, listening to air introduced beneath the water level, to effervescence produced by chemic interaction, and so on. The tube, curled within the stomach, strikes various levels as it is pushed down and withdrawn. Spurts of air from a syringe bulb can thus be made to mark approximately the upper curve of the stomach. Similar tests, or the deglutition murmurs alone, will afford positive evidence if, by transposition of viscera or marked downward displacement, the gastric area is far out of its normal location.

Three Types of Gastroptosis

Let it be assumed that, with or without dilatation, we have diagnosed a gastroptosis, the crucial point in the diagnosis being the demonstration that the upper border of the gastric area is too low—say, below the seventh rib in the mammillary line, with the organ moderately distended.

Three types of gastroptosis may be distinguished, namely:

1. The banana- or gourd-shaped stomach, lying horizontally at about the umbilic level, i. e., where the transverse colon ought to be. The therapeutic problem is easy, in the same sense as the problem of trisecting an angle or squaring the circle—it is insoluble unless, possibly, by surgical means. Fortunately, this condition is rare, the writer having seen only two or three. In one, there was esophageal dilatation low down, requiring lavage, although there was no marked obstruction to the passage of food through the cardia. One can, however, employ an elastic bandage, and the same general lines of treatment as in more favorable forms, to help along.

2. The upright, prolapsed stomach. This may be due to lacing, a custom by no means common at present, but it is more likely to be due to a failure of development of the upper abdominal zone. The naturally wasp-waisted woman has inadequate space for lungs, liver, stomach, and the renal niches are absent. With insufficient breathing space; inadequate tissue for the numerous functions of the liver; the constant nervous shock due to the tugging of one or both movable kidneys; the stom-

ach forming a standpipe, with the tendency to stagnation in its lower end, pulling down the whole organ; the blood, circulation, and trophic control below par, genuine gastroptosis is extremely liable to develop.

If the underlying condition is artificial, there is some hope that, by loosening the corsets or discarding them for a light garment supporting skirts and hose from the shoulders, the lower ribs will gradually resume their normal girth under respiratory exercises. When the body has simply failed to develop, when we can estimate the thickness of ribs, skin and muscle, and imagine how little space there is left after allowing for the vertebral column and a modicum of liver, we can readily appreciate that the stomach can be nothing more than a tube the size of the colon. The only hope of radical relief in such cases is to turn the victims loose in early girlhood, with shapeless dresses, to a hoyden's life.

If seen too late for this, there is usually a movable kidney to be supported; and for this purpose as well as for the support of the stomach itself, an elastic belt covering the lower part of the abdomen is about as satisfactory as anything, the real support coming from the intestines crowded up against the kidneys and stomach. A straight-front corset sometimes works well, but rather more in the next kind of cases. Operation should be advised against strongly, as, sooner or later, these patients will fall into the hands of the sort of surgeon who will operate on anything, with the excuse that, if medical treatment fails, surgery should be tried.

All the dietetic and medical precautions against overdistention and overweighting of the stomach required for other cases should be practised here. In addition, we must remember that the limitation of gastric capacity is a serious matter. Unless great pains are taken to choose concentrated foods, the solids necessary for a day's ration amount to about one liter, while the liquids should amount to three liters.

These naturally slender-waisted women can scarcely take this total in three meals a day. While the stomach is rarely of less capacity than a liter, it should not be distended to its full capacity, and especially not in these cases in which the upper part of the stomach is small, the axis of the organ vertical and the only available room at the bottom. Often, we must establish a regimen of four meals, select concentrated foods, separate solids and liquids, and most sedulously avoid carbonated drinks, fermentation, and stagnation.

Regarded theoretically, from the mechanic standpoint, pregnancy provides an almost ideal support for a gastroptosis, acting gradually and tending to enlarge the abdomen and stimulate metabolic functions by its increasing demands. Very often, such women do improve during early pregnancy. Sometimes the improvement is permanent, sometimes the strain on the system during later pregnancy, or the ordeal of delivery, or the subsequent drain of lactation or of increased household duties after the sudden withdrawal of the internal support is disastrous.

3. The relatively horizontal stomach of flabby, often multiparous women with large abdomens. Such a stomach has an axis deviating from the normal of approximately 45 degrees, but in exactly the opposite way to that previously considered. The organ itself is as likely to be too large as in the previous instances it was to be too small, and the patient must be guarded against overeating as much as formerly we had to consider the danger of underalimentation. The indications regarding bandaging, control of gastric distention and weighting are, however, about the same. If the kidneys are movable at all, they are usually so in a less degree. While pregnancy offered a possible, though doubtful, means of relief in the former cases, here it is often the determining factor in rendering the woman a shapeless mass, without tonicity. However, in many cases, as encountered, we are justified in considering that a few more children will make no appreciable difference.

How far anything short of a "pexy" operation, which is applicable only to the last class of cases of gastroptosis, can affect the suspensories of the stomach, is doubtful. Certainly there is no drug that can directly contract or, by absorption,

shrink such structures, despite the fact that they do contain some smooth muscle. However, by avoiding, meal by meal, overweighting; by facilitating gastric drainage by posture; by keeping gastric digestion at a normal rate by attending to secretory and fermentative factors; by improving the condition of the blood, circulation and metabolism by various means, including hygienic measures, much can be accomplished, at least in the way of palliation. With the artificial support from below, by an elastic bandage, improvement of the tone of the extraabdominal muscles by massage, faradism, special exercises, and so on, we can, to some extent, furnish a substitute for the suspensory apparatus.

Treatment of Atonic Dilatation

In the treatment of atonic dilatation, the outlook is much more favorable, since we have to deal with a distensible and contractile wall composed largely of smooth muscle. The dietetic management is much the same except in two particulars: in ptosis, the pull of the stomach is the main thing to be avoided, and, if avoided, we have achieved only a negatively favorable state. In dilatation, the weight of the contents is not so important as bulk, and the relief of distention acts positively, though passively, to effect a cure. Secondly, while the maintenance of nutrition was of very great importance in the first two kinds of ptoses, we can usually afford to neglect it for a time in dilatation. Probably a great many cases of atonic dilatation can be cured solely by partial starvation, although, as a matter of fact, they are not usually thus treated, and when they are, we usually gloss the matter over by putting the patient to bed and pretending to nourish by the bowel.

It is a good rule not to put more than 500 Cc. into the stomach at once, to avoid fermentation and gaseous distention, to allow plenty of time for rest of the organ between meals—the last item contraindicating the ridiculous dietetic schemes that have been lauded by so many, and which involve up to thirteen meals a day. We cannot maintain even a fair amount of nourishment on one meal of reasonable bulk and weight, and we cannot provide sufficient periods of rest after gastric digestion if more than four meals a day are given. On the whole, the best compromise is effected on a schedule of two or three daily meals.

Lavage should be employed occasionally, both to remove residue and as an active method of treatment. All things considered, it should usually not be practised more than once a day and then preferably after the evening meal, allowing, say, three hours for digestion and natural drainage into the duodenum. Very hot water should be used, for its stimulating effect (about 120° F.), and only about 250 Cc. should be used at once, being careful that large amounts do not gradually accumulate. Soda, borax, neutral soap, hydrogen dioxide, protargol (1 percent), and so on, may be added according to special indications.

Vascular stimulation and local massage may be added by spraying the stomach, after lavage and draining, with 5-percent menthol solution in purpetrol.

Management of Gastric Relaxation

So far as true ptosis was concerned, it had to be admitted that no drug was efficacious, unless in a very indirect and insignificant way. For dilatation—muscular weakness and relaxation—we are by no means so helpless. In addition to the constringing effect of hot water and the tonic influence of gastric exercise by spraying, benefit may logically be expected from every drug that either stimulates to contraction or maintains a tonic state of smooth muscle.

The writer can see no reason why one drug should be used for the pupil and iris, another for the heart, another for the blood-vessels, another for the uterus; or rather he can see no reason why it is to be expected that different drugs will single out special local collections of muscular tissue and exert their action solely upon them.

Practically, however, we may limit our armamentarium for contracting the gastric muscle to two drugs: strychnine and hydrastis, and their congeners. While hydrastis acts particularly upon mucous membranes, it has an unquestioned action

upon muscle, both vascular and those forming visceral coats. Hydrastine may be used by preference over the galenicals, but it is worth while to remember that hydrastinine is quite expensive.

With attention to secretory and other complications, careful diet, these drugs, and a few local treatments by lavage and spraying, a stomach dilated so that it ordinarily reaches the umbilical equator may usually be shrunk so as to lie normally, about an inch higher and with corresponding reduction transversely, within about two months. More extensive dilatation is usually due to organic obstruction, or if that is not the case, then progress is relatively much slower and with greater chance of failure.

Prostatitis and Vesiculitis

And How to Treat Them

By E. J. ANGLE, A. M., M. D., Lincoln, Nebraska

EDITORIAL NOTE.—This is the fourth paper in the series being prepared by Dr. Angle upon the treatment of gonorrhea and its complications. We urge every reader of CLINICAL MEDICINE *to peruse them all, from the very beginning.*

THE prostate gland is a musculo-glandular organ, somewhat resembling, in size and shape, a horse-chestnut. It is situated beneath the bladder and perforated by the prostatic urethra, being enclosed by a firm, fibromuscular capsule. The mass of the gland, which lies behind the urethra and has an almost vertical direction, consists of two parallel lobes connected posteriorly by a collar, or bar. Glandular tissue constitutes five-sixths of the organ. The glandular tissue and the tubules are surrounded by a frame-work of connective tissue and muscular fibers. The prostatic ducts, fifteen to twenty in number, open on either side of the verumontanum.

The Several Varities of Prostatitis

Prostatitis usually is spoken of as a complication of gonorrhea, but improperly so, for it has been conclusively shown that this condition is present in some degree in every case of posterior urethritis. Therefore, to be logical, we must either regard the involvement of the posterior urethra as a complication, or, the prostatitis as a natural extension.

In duration, prostatitis may be either acute or chronic, lasting from a few days to weeks, or may be prolonged for months, or even years. In extent, the inflammation may be limited to a superficial involvement of the ducts and glands or may extend more deeply to the prostatic follicles; may involve the entire organ or may extend beyond the capsule and involve the surrounding tissue.

The infection may be due to the gonococcus alone or be associated by bacteria, such as colon bacilli, streptococci, and staphylococci. Among the predisposing causes of prostatic inflammation, mention must be made of latent tuberculosis and of syphilis. In fulminant cases in which the urethra has been conservatively treated, one or the other of these should be suspected. Anything which irritates or increases the congestion accompanying a posterior urethritis may act as an exciting cause. Prominent in this group are violent exercise, such as horseback riding, bicycling, jumping, irritating injections, forcible and unnecessary instrumentation, unclean instruments, alcoholic indulgences, coitus, prolonged sexual excitement, and exposure to cold.

Prostatitis usually appears during the third week of an attack of urethritis, although it may appear earlier or later than that. Acute prostatitis may be of the catarrhal type; or an inflammation limited to the follicles and perifollicular tissues; or a process involving both follicles and paren-

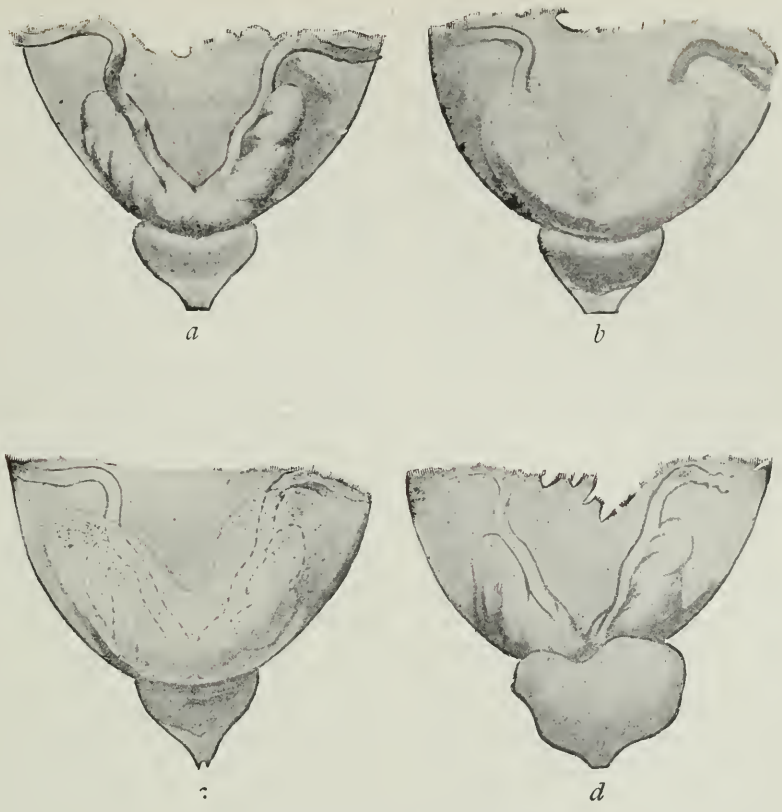


FIG. 6. THE ANATOMICAL RELATIONS

(a). Normal seminal vesicles and prostate gland. (b). Chronic seminal vesiculitis, without perivesicular infiltration—no involvement of gland. (c). Chronic seminal vesiculitis, with perivesicular infiltration. Outline of vesicles indicated by dotted lines. White area surrounding them composed of infiltration. Prostate gland not affected. (d). Prostate gland irregularly enlarged from chronic prostatitis. No involvement of vesicles.

chyma and progressing to pus formation of varying degree; or, finally, a process involving the entire gland and extending to the periprostatic tissues.

Catarrhal prostatitis is the mildest variety. It consists of a superficial involvement of the prostatic ducts, and its presence may be expected in every case of posterior urethritis, while its symptomatology is essentially that of the latter affection. Usually there is pain and a feeling of soreness and weight in the perineum.

Follicular prostatitis is the type in which the perineal pain is worse and may radiate into the rectum, groin or end of the penis. Urination is more frequent and painful, and the fluid, at times, is tinged with blood. There may be chordee and painful defecation. Examination per rectum reveals only moderate enlargement of the prostate gland and varying degrees of tenderness. One lobe only may be involved or particularly tender spots may denote the position of the inflamed follicles.

Parenchymatous prostatitis may begin as a follicular prostatitis or also at once as a parenchymatous inflammation. The organ may attain to the size of an orange, become exquisitely sensitive and project far into the rectum. Urination is frequent, urgent, and difficult, complete retention frequently occurring from the enlargement upward of the gland. There is a continuous and fairly high fever, accompanied by more or less prostration. The feces are ribbon-shaped, from impingement on the bowel. Pain is severe and radiates to the penis, loin and hips. Rectal examination discloses a hot, tender, and pulsating mass of firm consistency.

The symptoms reach their climax about the seventh day, resolution being the usual termination. The small abscesses are either absorbed or discharge into the urethra. Suppuration is announced by chills, fever, sweating, and throbbing pains in the perineum; in other words, the picture of acute sepsis. Fluctuation can frequently be discovered by rectal examination. A significant symptom of prostatic abscess is the occurrence of a large amount of albumin in the urine, entirely out of proportion to the amount of pus or blood present and without existing renal disease, this albumin disappearing promptly after opening the abscess.

Prostatic abscess may point and break in almost any direction. The most frequent courses are the urethra, rectum or perineum, in the order named. The mortality ranges from three to thirty percent, as given by different writers.

Periprostatic cellulitis occurs in very acute cases, when the inflammatory process extends beyond the limits of the gland proper and then results in an exudation into the surrounding connective tissue. There is a soft, boggy, inflammatory edema, which more or less completely surrounds the prostate gland and seminal vesicles and obliterates their outlines. This condition is discovered only by rectal touch.

The Treatment of Congestive and Follicular Prostatitis

The treatment of the congestive and follicular types is that recommended for acute posterior urethritis. When the symptoms are marked, this can be supplemented by several injections, daily, of half a pint of water, at a temperature of 112° F., into the rectum and retained ten or fifteen minutes; or, better, by rectal irrigations through a Kemp or a Wolbarst rectal tube. The closed tube, or psychrophore, can be used for the same purpose and has the advantage of not producing rectal tenesmus. When the subacute state is reached, gentle prostatic massage should be given; and for a time it is best that this manipulation be *confined to the area surrounding the gland rather than to the gland itself*.

In the parenchymatous type, it is imperative that all local treatment of the urethra be desisted from. The patient should be put to bed and the bowels kept free with laxative salines. Sandalwood oil and the standard urinary antiseptics are indicated. Atropine and codeine or morphine frequently are necessary to control the pain and tenesmus. Usually a rectal suppository of 1-4 to 1-2 grain each of extract of opium and of belladonna will control or modify the pain. Sodium salicylate, in 10-grain doses every three or four hours, seems to meet more nearly all the symptoms than any other drug I have used. With it, may be combined aconitine, atropine, and codeine, as necessary.

A hot-water-bottle should be kept applied continuously to the perineum, and also rectal irrigations be given several times a day. Occasionally cold is more grateful and beneficial to the patient than hot water, and it is best applied by means of the closed tube.

Prostatic Abscesses

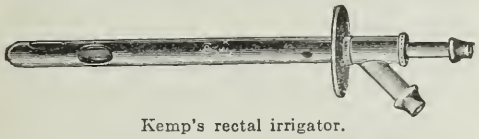
A prostatic abscess should be opened as soon as fluctuation is present, and an exploratory incision is indicated when the rational symptoms indicate suppuration. In this way, the gland is saved from further destruction. In a general way, the incision should be made in the direction in which the abscess is pointing.

The operation recommended by most surgeons now is the extra urethral, and the incision is similar to that of a perineal prostatectomy, being deepened until the capsule of the gland is reached and opened, when the pus is evacuated. I very much prefer the procedure first suggested by Alexander, which consists in making an external urethrotomy on a grooved staff and then introducing the finger in the deep urethra, which easily locates the abscess; the pus being readily evacuated by tearing through the mucous membrane of the urethra. The bladder is drained with a large, soft, rubber catheter. The patient usually is out of bed at the end of a week.

Chronic Prostatitis

Chronic prostatitis usually results from a preexisting acute condition or may develop insidiously from a chronic posterior

urethritis. Chronic prostatitis often is present without evidencing symptoms of sufficient importance to attract the attention of the patient. The gonococcus may lie dormant for years in the diseased follicles, with all its infectious qualities unimpaired.



Kemp's rectal irrigator.

Occasionally there is frequent and urgent urination. Pain and pressure-sensations are either felt in the prostate or referred to other parts of the body, especially the rectum, testicles, back, loins, thighs, and pubic region. Many cases are attended by reflex nervous phenomena, psychical disturbances, sexual debility, and neurasthenia.

The discharge varies greatly as to character and amount. It is ordinarily a turbid, thick, sticky fluid of a grayish-yellow color, most frequent after stool or at the end of urination. Many patients present no symptoms, their urines are clear and sparkling, and the presence of disease is established only by careful, repeated examinations. A positive diagnosis is made by palpating the prostate gland per rectum and by the microscopic examination of the fluid which has been expressed from the gland by digital pressure.

In order to distinguish between the normal and the diseased prostate gland, the finger of the examiner needs considerable education and training. Every available opportunity should be utilized to examine the normal organ, its size, shape and consistency being carefully noted. The impression given the finger by the normal gland is that of a smooth, rather resistant, firm, rounded body, with a well-defined median furrow separating its lower surface into two lobes.

In disease, either one or both lobes may be enlarged and tender. If the tubules alone are involved, shot-like nodules are found scattered here and there. In other cases, the alteration consists in a loss of firmness, this being replaced by a doughy or boggy feeling. These areas are very compressible, and upon pressure the discharge is forced out in large quantities.

In the more chronic cases (and which usually are of years' standing), the prostate gland becomes indurated and contracted, and is only a fraction of its former size. This induration is analogous in its formation to that of a stricture and may involve only part or the entire gland. The tubules may be entirely obliterated by the contracting fibrous tissue. Some of the end-results are contracture of the neck of the bladder and socalled "prostatism without a prostate." In certain cases, the follicles are enormously dilated, their contents consisting of fetid pus, mucus, epithelium, urine, and phosphatic calculi. The presence or absence of periprostatitis and vesiculitis are noted.

Examination of Prostatic Secretion

The next step in diagnosis is the microscopic examination of the prostatic secretion. If the urine is not clear, the bladder should be filled with boric-acid solution. The prostate gland is then massaged and some of the expressed secretion caught in a small dish as it flows from the urethra. The bladder is then emptied and the amount and character of shreds and flocculi noted. Slides are now made from both sources, stained, and examined under the microscope. *Pus-cells in greater number always indicate inflammation, and, if gonococci are found, the diagnosis is complete. The failure to find gonococci at the first examination is no proof of their absence.* Repeated massagings should be made, followed by provoca-

Wiener's rectal psychrophore.

tive instillations or irrigations of silver nitrate. This should be continued for a month or two before the absence of the gonococcus is assured.

Gonococci being completely exterminated, we have then to deal with a nonspecific, catarrhal condition, either simple or due

to other bacteria, such as staphylococci, diplococci urethræ, etc.

The Treatment of Chronic Prostatitis, General and Local

The plan of general treatment adopted should depend upon the indications in each individual case. Attention to diet, hygiene and exercise is of the utmost importance. The organs of elimination should receive special attention. Hydrotherapy is especially beneficial in the group of cases showing neurasthenic symptoms. Many patients will need little, if any, general medication, while in others the tonics and sedatives are indicated.

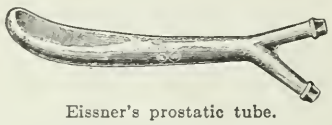
Mention should be made of strychnine, phosphoric acid, the glycerophosphates, arsenic, and zinc phosphide as suitable tonics, which may be variously combined. As for sedatives, I usually select from among the bromides, sumbul, asafetida, cannabis indica, and hyoscyamus. If the urine is excessively acid, alkalines should be given. Phosphaturia calls, principally, for phosphoric acid, benzoic acid, and urotropin.

The local treatment consists of massage, irrigations of the rectum, and the treatment of the posterior urethra by the various measures that were described in detail, in my previous paper, under chronic urethritis. (Clinical Medicine, July, 1912.) Massage of the prostate gland is indicated in every case.

Massage is best given with the patient in the leapfrog position; the limbs straight, back flexed forward, and the arms grasping a chair or table in front of him. The surgeon's finger should be covered with a finger-cot and lubricated with some preparation of Irish moss or tragacanth. The bladder should be tolerably full. The surgeon's free hand should make counter pressure just above the pubes while massaging the gland, and to the corresponding groin when milking the vesicles.

The prostate gland should be massaged in a methodical manner, taking care not to exert too much force and pressure in the manipulation. Each lobe of the gland should be stroked from the base to the apex, and then with a circular movement which should include the furrow and borders of the gland. *This* means that the tubules are emptied of the inflammatory products, and there is induced a local congestion which will promote the absorbent and bactericidal activities of the blood. These massagings should be given every three to five days and always followed by urethral irrigation.

Of equal importance with massage is the rectal douche. The hot-water irri-



Eissner's prostatic tube.

gations should be employed once or twice daily for a period of fifteen minutes. For the irrigations, normal salt solution is the most comfortable and should be given just as hot as can be borne by the patient. Strikingly beneficial results are obtained in many cases that prove rebellious to every other method of treatment.

Cellular infiltration of the prostate gland and vesicles will require little, if any, other treatment. In cases associated with neurasthenic symptoms, cold water is preferable, this being best given with the psychrophore. The treatment must of necessity extend over several months, but, with patience, the gonococci can be eliminated in every instance, and the prostate gland returned to a normal condition if the tissue changes have not been too extensive.

Vesiculitis

To Dr. Eugene Fuller, is due the credit for proper appreciation of the role played by the seminal vesicles in gonorrhea. Vesiculitis frequently coexists with prostatitis and epididymitis, and, like the former, may be either acute or chronic.

In the acute type, the symptoms are identical with parenchymatous prostatitis. Defecation is painful and the effort is accompanied by an increase in purulent secretion. The most characteristic symptom is the frequent and usually painful pollutions, the latter consisting of blood-tinged seminal fluid. Chordee is frequent and sexual excitement increases all the symptoms.

In the chronic type, the symptoms are essentially those of prostatitis, with, per-

haps, more nervous and sexual symptoms. There is at first an increase in sexual desire, accompanied by frequent nocturnal emissions, which may be colored from an admixture of blood. As the disease progresses, there is a progressive loss of function, and finally true impotence may be established.

Final diagnosis, both in acute and chronic types, is established by the examination per rectum of the vesicles and the expression and microscopic examination of their contents. To obtain the contents free from urethral and prostatic contamination, the prostate gland is first massaged, after which the patient empties his bladder. The latter is then filled with as much boric-acid solution as can be comfortably retained. In order properly to reach the vesicles, the surgeon should have a fairly long finger or else use one of the instruments devised for this purpose.

The success in this procedure depends very largely upon the thorough relaxation of the perineal muscles. This attained, the region of the vesicles is palpable in almost every case. The method which I follow is, to be seated directly behind my patient, cross my right knee over the left, and strengthen the forearm and hand by placing the elbow on the elevated knee.

An observation I wish to emphasize to my readers is this: *a healthy vesicle is not distended and hardly ever palpable.* In the chronic type, material massaged from the vesicle is opaque, and more or less solid, and may appear in the form of a cast from the tubule in which it had its origin. These masses are heavy and rapidly sink to the bottom of the glass, while normal vesicles-contents float on top of the liquid and are of the consistency of egg-albumen.

The treatment of vesiculitis is the same as that of prostatitis. The massaging and the rectal irrigations are, if anything, of more importance, as the convolutions of the vesicles are such that the dead spaces cannot be emptied except by artificial means.

Gonococcic bacterins are useful both in vesiculitis and in prostatitis. In the acute stage, administer 5 to 10 millions every three or four days; in the chronic stage, the commencing dose is 50 million and rapidly increases up to 500 million or more at intervals of a week. Combined bacterins are indicated if we find a mixed infection. Bacterins are merely an adjunct and do not supplant treatment along regular lines.

IT is not the critic who counts—not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood, who strives valiantly; who errs and comes short again and again, because there is no effort without error and shortcoming, but who does actually strive to do the deeds; who knows the great enthusiasm, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who know neither victory nor defeat.—Roosevelt.

The Treatment of Pellagra*

With a Report of Twelve Cases

By J. E. KNIGHT, B. S., M. D., Waycross, Georgia

EDITORIAL NOTE.—We have long believed in the efficacy of the intestinal antiseptics in pellagra. Their value has been demonstrated by Bowling (who has an interesting report elsewhere in this number of CLINICAL MEDICINE*), and by others; but Dr. Knight gives special testimony to the worth of the phenolsulphonates. Ten of the cases described in this paper have already been reported by the author in the Journal of The American Medical Association, of June 22.*

CASE 1.—John S., about thirty-eight years of age. Was seen at the Atlantic Coast Line Hospital, in March, 1911. Physical examination showed dermatitis on the hands and face, and denuded mucous spots in the mouth. There was a history of diarrhea worse in spring and fall. Trouble started about two years ago. Treatment was as follows: A purgative dose of castor oil on admission to the hospital. Next day the patient was put on the sulphocarbolates, grs. 10, and Fowler's solution, gtt. 3, three times daily. The Fowler's solution was stopped at the end of the first week. The diarrhea was severe, but was controlled with bismuth subnitrate. All corn products were withdrawn from the diet. The patient was showing marked improvement, but at the end of the second week suddenly decided to go home. I was unable to get a further report on the case after this.

Case 2. Mrs. W., age 28, mother of two healthy girl children. Sickness started in the spring of 1910; was seen first in April, 1911. Examination showed dermatitis on hands and labia. Denuded mucous membrane of mouth. No diarrhea, but oftener constipated. She was unable to walk more than a block from home on account of weakness. Somewhat emaciated. Suffered also from dysmenorrhea. Castor oil used as a purgative and repeated as needed. Bromides given at the time of menstruation. Fowler's solution, gtt. 3 to 5 three times a day, was given for the first three weeks, but she showed no change. Sulphocarbolates, grs. 10 three times a day, were then added. Change for better after first week. Fowler's solution dropped about this time and only sulphocarbolates given. After ten weeks' treatment all dermatitis disappeared and the patient gained in weight and strength. At the present date a year has elapsed since any sign of the old trouble has returned. Dysmenorrhea corrected itself as general condition improved.

Case 3. Alfred C., age 40, first seen in June, 1911, at the Atlantic Coast Line Hospital. Physical examination showed a symmetrical dermatitis on the backs of both hands. extending half way up the forearm. Slight dermatitis on both feet, both cheeks, and back of both ears. Mucous membrane of mouth nearly all denuded, mouth presenting the appearance of a piece of raw meat. History of diarrhea starting in the spring of 1909. Appetite good, but digestion poor.

I treated this patient with sodium cacodylate and iron arsenite. An ampule was given on alternate days for six weeks. At the same time Fowler's solution and potassium iodide were given in ascending doses. Diarrhea was very troublesome and bismuth failed to control the trouble, and at times I had to resort to tincture of opium. Dermatitis was very troublesome until he started bathing the affected surface with a saturated solution of magnesium sulphate, keeping the parts protected from the air.

After about six weeks of this treatment, without improvement, the arsenic was stopped and the man put on sulphocarbolates. At the patient's request, however, the hypodermic injections of cacodylate of sodium and arsenite of iron were resumed twice a week. The patient now

*Read before the Eleventh District Georgia Medical Association, at Saint Simons Island, June 18, 1912.

improved rapidly and entertained hope of recovery. Early in 1912 nervous symptoms began to be marked and in March of this year he became violently insane. He is now an inmate of the State Asylum.

Case 4. Mrs. C., age 38, wife of the last patient. Was seen first in her home in April, 1912. Mrs. C. is the mother of three children by her first husband, who is now dead, and six more by her present husband. After a careful examination I found only a slight trace of dermatitis, but the mouth showed denuded mucous membrane in several places and some small ulcers. Diarrhea present. The dermatitis was first noticed in September, 1911.

Case 5. J. T., age 20, son of the preceding. On questioning, I found a history of diarrhea and dermatitis present in March, 1911. This cleared up, so he consulted no physician. Symptoms, however, returned in February, 1912, continued to grow worse until April, when he consulted a physician. Examination showed marked dermatitis on both hands and diseased mucous membrane of mouth. History of diarrhea.

Case 6. R. T., boy, age 18, very anemic and poorly nourished. The symptoms same as his brother's, except more marked. The trouble started May, 1911, and returned in April, 1912, when he came to consult me for treatment.

Case 7. Sallie T., 17 years old, sister of the preceding. Gave history of diarrhea and sunburned hands, just like her brother's. At the time of examination no dermatitis was present; mucous membrane of mouth was denuded in several places, and a few ulcers still were present. Diarrhea.

Case 8. Lizzie C., 11 years old; oldest child of Mrs. C. by second husband. Dermatitis on hands, cheeks, and feet; diseased mucous membrane of mouth; and marked diarrhea. Physical examination showed a very poorly nourished child, with mitral regurgitant lesion. Pellagra symptoms first seen in April, 1912.

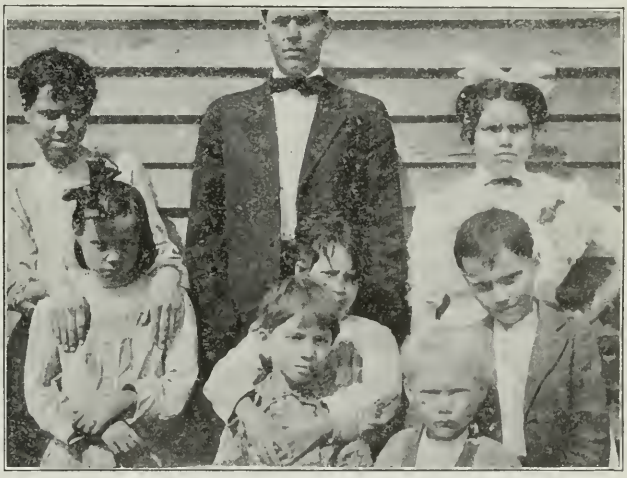
Case 9. Mattie C., 9 years of age. Dermatitis on hands and face very marked. History of diarrhea, Mouth showed diseased mucous membrane. Symptoms first noticed in April, 1912.

Case 10. Riley C., age 8. Dermatitis on hands. Diseased mucous membrane of mouth. Diarrhea. Symptoms first appeared in April, 1912.

Case 11. Matthew C., boy of 6. Same condition and history as in the case just cited.

Case 12. Rafford, 4 years old. Marked dermatitis on hands and feet. History of diarrhea and denuded mucous membrane of mouth. Symptoms first started April, 1912.

Examination of the last ten cases, which were all in the same family, showed all but the mother infected with hookworm. One child was also infected with ascarides lumbricoides. In addition to treatment for hookworm, these patients were put on castor oil (when this was unsuited, on magnesium sulphate) and sulphocarbolates. No other medicine was given, but all corn products were withdrawn from the diet. About the latter part of April they began to improve, and by the last of May not a single sign of dermatitis was present in any of them. Their diarrhea had stopped, and the mucous membrane of their mouths showed a much healthier condition.



Ten cases of pellagra occurring in the same family, reported by Dr. J. E. Knight.

In all of these cases, when the sulphocarbolates were given, the combination of

the sodium, calcium and zinc salts, with bismuth and aromatics, was used. In conclusion, I wish to say that, while I do not think the method of treatment I am using is infallible, I do believe that, if taken early and considered as an intestinal indigestion caused by corn products, many cases of pellagra can be successfully handled.

As the case progresses, the nervous system becomes markedly affected, and the number of cures or failures will be in direct proportion to the severity of the nervous symptoms displayed.

Arsenic in all forms has been repeatedly tried in the treatment of this disease and has proven a failure. While I do not wish to detract from the merits of arsenic when it is indicated, I must say that in pellagra it has been weighed in the balance and found wanting.

In view of these facts, I make the plea that arsenic be discontinued in all of these cases whenever early improvement is not forthcoming, and that the combined sulphocarbolates be given a fair trial, with a good prospect of success.

The Treatment of Pellagra

Further Experiences with the Antiseptic Method

By E. H. BOWLING, B. S., M. D., Durham, North Carolina

EDITORIAL NOTE.—This paper should be read in connection with the one that preceaes. The method of Dr. Bowling resembles that of Dr. Knight, in that both believe in and employ intestinal antiseptics. Dr. Bowling prefers chlorine water as his antiseptic of preference. Read his paper carefully for the details of his method.

IN the November, 1911, issue of CLINICAL MEDICINE, I had an article on the treatment of pellagra. I am not so egotistic as to think that anybody paid any attention to it or that it made much impression on the mind of anyone who read it; still, I am going to "come back," for the subject of pellagra is the great question for the profession of the southern states to solve. In 1910, I treated 12 cases during the year, in 1911 I treated 34 cases, and this early in 1912 there have come to me for treatment 12 cases, and I think I can reasonably expect from 75 to 125 cases during the current year. This shows the situation with us, and I believe our experience is about the same as will be found in all infected areas.

I believe I have something worth while, and I want to give it away; for, if it is any good, I want others to have it and, besides, I want other doctors to help me observe and see whether we can meet the situation.

This paper will be just a conglomeration of rambling thoughts as they come to me, and I am sure will not appeal to the high-brows; but, mayhap, it will appeal to some backwoods doctor who is short on fine-spun theoretical deductions, although tremendously long on common sense, and wants to know how to cure, while he doesn't care a snap what kind of spirilla or coccus is supposed to be the originating cause of the derangement.

These thoughts are very original, and they have been dug out by treating every case I could get hold of for two years and *watching* and *studying* the various manifestations of the malady.

I believe, then, that pellagra is an infectious, not a contagious, disease; that it is caused by getting the germ, whatever it is, into the stomach, and, if the stomach is normal or has an excess of acid, it can not "take hold," people of normal or of excess acidity of the stomach being immune to the disease. Ask your next patient whether he has or has had heartburn or acid stomach during the last six or twelve months. The germ can flourish only in an alkaline stomach. Note the ropy saliva of your next patient.

When the specific germ has effected a lodgment in the stomach, then an increased motility of the stomach results. (Try your patient with a test meal and see that this is so.) Then, the stomach being irritable and deficient in acid, it forces the partly digested food down into the alimentary canal, where it does not form nourishing chyle, but all kinds of ptomain toxins. These are absorbed, and we then have a poisoned condition of the blood; this irritates the brain, and then we have the eruption or rash. Remember this: the eruption is *not* the disease, it is only a symptom; and if you were to cut off the hands at the elbow you would not cure the disease. So, don't waste your time trying to cure the rash—that will take care of itself. But remember your patient.

If the patient is not in the second stage of the disease, he has had it probably twelve months, so bend all your energies toward removing the cause. When we get to the point that we can recognize pellagra even before the rash makes its appearance, then we shall cure most of our patients.

My Own Method of Treatment

Begin by eliminating. After trying almost everything, I have found nothing to equal plain, old-fashioned castor oil; and I give a tablespoonful every night during the treatment. If the patient already has diarrhea, it is only an effort of nature to eliminate; so help nature and cure the diarrhea with the castor oil. It will do so every time. If the tongue, lips, and mouth are fiery-red, then give:

Fld. ext. condurango.....oz. 1
Carapeptic liquid.....oz. 1
Listerine.....ozs. 2

Label: Give a teaspoonful in water before each meal.

It also helps the patient if he takes 30 grains of bismuth salicylate. This he should put in the mouth dry and moisten it with saliva, then swallow it, letting what will stick to the mucous membrane of the mouth.

When you have got the patient over the acute inflammatory stage, then put him on chlorine water—1 ounce in water every two hours. Have your chlorine water made fresh every time, and it should be made with potassium chlorate and pure hydrochloric acid, with a slight excess of the latter. Keep this up for one to two months or until your patient appears to be entirely well. But you haven't yet let up on your castor oil.

Now put your patient on my tonic; my favorite:

Ferri sulphatis exsiccati.....dr. 1
Potassi nitratis.....dr. 1
Acidi nitrohydrochlorici.....dr. 6

Mix, warm slightly, let thoroughly digest, then add:

Liquoris potassii arsenitis.....dr. 2

Directions: Take 6 to 8 drops in water after meals, three times a day.

Very often I give calcium sulphide, the 1-grain tablets, every four hours, or three times a day. I think they both assist; but I should be afraid to depend entirely upon either or both.

In severe cases of poisoning, no medicine will reach the case; then our only hope is hypodermoclysis (from 1 pint to 1 quart) twice a day; and in these severe cases, stomach lavage helps also. I have used sodium cacodylate, and it helps after the patient has passed the acute stage, when you are trying to build up his system, to restore the hemoglobin to the blood; then it is fine. I inject from 1 to 2 grains every day, and have been pleased with its effect.

This treatment cures more than 75 per cent of my patients—and I mean *cured*. They continue to stay well after two years and are healthy and well today, with no evidence of pellagra, other than the effect it had on their nervous system—and I can't cure that, nor can anyone else; the disease leaves scars on the nervous system, of which the patient never recovers.

I am asked every day, what can one do to keep off the disease. I tell them to eat plenty of fruit, ingest plenty of fruit-acids, drink lots of lemonade, take vinegar on any food that requires it, and to take a lozenge of cream of tartar and sulphur every night or every other night. But, if they have a sour stomach, I assure them they are immune.

I realize that this paper does not indulge in scientific terms. I could probably copy

from some of my books on pellagra a lot of stuff that no one would remember nor I myself probably understand, but, I am giving you some good, cold, hard facts. I know they are facts, for I have seen them with my own eyes, and my treatment, as herein outlined, gives results, for I have got them myself. Time may prove that my theory is wrong, but my deductions are right, for with this treatment I can "deliver the goods." I am open for something better. Please don't waste time proving that I am seven different kinds of a fool—that is hereby acknowledged—but bend your energies to give us a better treatment. This is no time to acknowledge defeat; we must meet and conquer the scourge.

Constipation, and How I Treat It

A Discussion of the Etiology and Therapy of this Condition

By HENEAGE GIBBES, M. D., L. R. C. P. (London), McAlester, Oklahoma

OF all the ills which flesh is heir to, constipation is probably the most universal scourge of the human family, and this we have brought on, ourselves, by not attending to the ordinary laws of hygiene; that is, the hygiene of our bodies. Ask any medical man with a large general practice to give you an idea of the number of his patients who are suffering from constipation, or, better still, take the out-patients of a large hospital, and you will find it at the bottom of at least fifty percent of their troubles.

Constipation is not a disease, but a symptom; nevertheless, it demands as much consideration as if it were a disease. Judged by the amount of misery and discomforts to which it leads, it cannot be considered as a symptom of any one single disease, although it may be caused by some disease-conditions; still, far more commonly it is brought on by careless habits and inattention.

Constipation must be regarded as being of two different forms; and the treatment must vary accordingly. First, when it occurs accidentally, as it were, secondly, when it exists as a more or less continuous condition; and the treatment of these two diverse conditions is very different.

The first, or accidental, form may be brought on by the numerous causes that prevent a visit to the toilet room at the usual time and the individual may be kept in that state all day. On the following morning he makes his regular visit and finds that he is the victim of constipation, caused by his neglect to relieve himself on the previous morning. In the majority of instances, a dose of epsom salt or, what is much better, one or two tablespoonfuls of a saline laxative (effervescent) will remedy the condition. Should one dose not be sufficient, a second may be taken an hour before the next meal; but this is rarely necessary.

The Two Fundamental Causes of Chronic Constipation

The other form, in which the constipation is more or less continuous, is a much more serious condition. The majority of these cases of chronic constipation may be traced to one of two causes: one in which the contents of the bowel are affected, the other where the wall of the intestine is affected.

And here we may consider what is the structure of the intestinal wall, inasmuch as a knowledge of this is necessary for the clear understanding in what manner it may be affected so that its contents do not pass along it in a normal manner.

The intestine is a long tube, with the ileocecal valve dividing it into the large and the small intestine. The mucous membrane of the small intestine is a complicated series of folds arranged to present the largest possible surface to the contents as they pass over it. The large intestine is of a more simple form, the mucous membrane consisting of a number of tubes lined with columnar epithelium. The wall

of the intestine is made up of two coats of nonstriped muscle, the outer running longitudinally, the inner, and much the largest, being circular; while between these two there is a plexus of nerve-fibers and ganglia called Auerbach's plexus, which to a certain extent controls the movements of the intestine. The large intestine has its muscle-coat arranged in a different manner. The outer, or longitudinal, coat is arranged in three bands, and there is very little muscle between them.

From this short description, it will be seen that the circular muscle-coat, by a series of contractions commencing above and passing down the intestine, will force the contents of the tube onward toward the anus, while the longitudinal coat, by its contractions, tends to pull the tube over its contents and thus help the contractions of the circular coat. This is the main force which expels the feces from the intestine; and if this power is weakened from any cause, a condition of constipation is produced.

Some of the Immediate Factors Bringing on Constipation

In considering any case of chronic constipation, it is necessary to make careful inquiry in an endeavor to discover to what cause it is due, as there are so many that may bring about this condition; and then to find out, if possible, whether it is owing to a change in the consistency of the feces or to loss of propulsive power in the intestinal walls.

Many times careful inquiry will show that the chronic constipation is due to the patient's habits of diet. Thus, constipation may be brought about by an insufficient supply of liquids—a fact to be borne in mind when constructing a diet-table with the view to reducing the amount of liquid taken by the patient. Constipation may also occur when there has been a heavy drain of fluid from the body, as, for instance in excessive perspiration due to muscular exercise or some disease, such as diabetes in both its forms. It may also result from a dietary which is rich in nutritious elements but poor in waste material, so that the greater portion of the food is digested, leaving very little residue to excite the peristaltic action of the intestinal walls.

At other times constipation may be owing to insufficient digestive power because of defective secretion from the intestines, the pancreas or the liver. Cases of obstructive jaundice, in which the amount of bile reaching the intestine is reduced, frequently are associated with constipation. Under the conditions named, two factors doubtless are operative, one leading to imperfect digestion of foods, the other to imperfect stimulation of the muscular wall of the intestine. When the secretion of bile is deficient, either from lack of exercise or from overstimulation of the liver by food or by alcohol, constipation, again, is liable to result.

Deficiency in the contractile power of the intestinal wall is frequently another cause of constipation, and this may be brought on in various ways. One of these is the weakness following convalescence from some wasting disease. Another cause, and which often is not recognized, is where a stimulant to the intestinal wall that has acted perfectly at first gradually loses its power; and the reason for this is not understood. Thus, for instance, 1-500 of a grain of physostigmine salicylate with 1-30 of a grain of strychnine sulphate, will, for a while, "act like a charm," but after a time this medication loses its effect, even when the dosage is increased. The reason for this phenomenon is supposed to be that in small doses the remedy acts as a stimulant to the unstriped muscle of the intestinal wall, while with larger doses or prolonged use it acts as a sedative. When this is found to be the case, the physostigmine must be stopped and the strychnine increased or else given more frequently, watching carefully, since it is difficult to tell when there is "dose enough."

The Importance of Physical Exercise

There is reason to believe that constipation sometimes is brought on through deficient circulation in the intestinal walls, and it is here where the patients are benefited by active exercises (such as horseback riding, rowing, golf, tennis, brisk walks), always modifying them to suit the strength

of the individual. The use of dumbbells should be encouraged, while some of the forms of modern apparatus used for the development of the chest and the muscles of the arms are useful if they bring the abdominal muscles into play. In the case of some elderly individuals the contractions of the intestine may be stimulated by massage of the abdominal walls from side to side, following the course of the colon.

It must always be remembered, though, that most of these sufferers are leading a sedentary life, and in that case merely a moderate amount of exercise in walking—beginning with short walks and gradually increasing the distance traveled—often will effect a cure if faithfully carried out; and the effect will be greater if this exercise is taken early in the morning. If a glass of warm water is sipped before starting out, it will often be found to act as a stimulus on the intestine and to increase the contractions of its walls.

Medicinal and Dietary Aids

The value of fresh ripe fruit and of fresh vegetables is well known, but there always is the danger of producing indigestion if the vegetables are not well boiled.

One of the best methods of overcoming constipation is the regular use of a prune and senna stew. Put some senna leaves in a muslin bag and place it among the prunes while being cooked. In this way the laxative principle of the senna is imparted to the stewed prunes and yet their flavor not materially affected. Brown bread or whole-meal bread often is efficacious when substituted for bread made with white flour, as the brown bread contains enough indigestible material to stimulate the intestinal wall, while in the white bread all the indigestible substances have been carefully removed. Sometimes alum even is introduced further to whiten the bread.

One of the most important points to be insisted on by the doctor is that a daily visit be made to the toilet-room at the same hour, irrespective of whether the sensation of desire is present or not.

With regard to the medicinal treatment of constipation, although undesirable, it will be found necessary to adopt it in some instances.

Some Remedies

In the case of some persons habitually constipated, a teaspoonful of Carlsbad salt dissolved in a tumblerful of warm water and taken on rising in the morning is all-sufficient, nor will it have to be increased in amount later. Saline laxative (effervescent) is more pleasant to take and its action is far superior. In other individuals, it is necessary to give a dose of laxative after each meal and at bedtime. One of the most efficacious, when taken in this way, are the tablet containing phenolphthalein. One of these must be thoroughly chewed in the mouth and then washed down with a little warm water. This remedy continues to act efficiently for a long time, but eventually, like other aperients, its effectiveness will diminish. By increasing the dosage, it will, of course, continue to act for some time, but such a course is inadvisable and it is much better than to resort to some other laxative.

However, many people do not like to chew up medicinal tablets, and for these there are at our disposal a form of laxative granules, which are wonderfully effective and will suit the most delicate constitutions, namely, the well-known "anticonstipation" granules devised by Professor Waugh; the dose of these is from four to six granules after each meal and at bedtime. When something more powerful is required, a small pill called "cathartic, active" is at our disposal, which will be found most efficacious in the most obstinate cases.

In this connection, cascara sagrada must also be mentioned as being a favorite laxative with many practitioners; but in its bitter state it is very unpalatable and it is most difficult to persuade a patient to take it regularly, who after a time forgets to take it or makes some excuse. Of course, any medicine taken in this irregular manner does no good to the patient and discredits the doctor. It is for this reason that the cascara granules are so valuable. The patient soon finds that under their influence he is improving, and so it becomes a point of honor with him to take them regularly.

In this article the socalled cholagog and hydragog purgatives, as also the drastic purgatives, have not been mentioned, inasmuch as they are not really required, especially by a physician who has learned to use the active principles; for, with them, he is fully armed and can get results infinitely superior to those obtained by the medical man who uses strong chemical irritants, to the detriment of his patient and of his own conscience—if he has one.

Gonorrhea vs. Tobacco, Alcohol, and Sexual Intercourse

By WILLIAM J. ROBINSON, M. D., New York City

Editor of The Critic and Guide, and of The American Journal of Urology; Author of "Sexual Problems of Today." and "Never-Told Tales"

I KNOW that what I shall say here will appear rank heresy. But I have so many heresies to answer for that one heresy more or less does not matter. And, then, heretics nowadays are not consigned to the auto-da-fé, nor are they, in large cities at least, even in danger of ostracism. So, at the present day, it does not require great courage to be a heretic or an iconoclast.

However, I wish to assure my readers that I have nothing but the deepest contempt for the iconoclast who ridicules old theories and shatters old beliefs merely for the purpose of notoriety, merely because he wants to shock people, merely because he wants to be in the lime-light for a while. That my ideas run counter to the generally held beliefs and teachings, is a matter of regret to me. But I should not announce them if I were not perfectly convinced in my mind, and if I could not prove it to my perfect satisfaction, and also to the fair satisfaction of those who will give the matter an unbiased hearing, that they are right and calculated to be of benefit, and that the old theories are wrong and pernicious.

Though it is a trite statement—for it has been made so many times—it is nevertheless true that many textbooks do not present their authors' actual knowledge and personal experience, but are rather a résumé of the other textbooks in vogue at the given time.

When a man who is writing on a certain subject has twenty of the most prominent textbooks before him and finds that all, or nineteen of them, make a certain statement, he will be consciously or unconsciously influenced by that statement. If his experience coincides with the statements of the textbooks or if he has had no experience in the line covered by the statement, he will of course have no hesitation in reproducing that statement in his own writings.

But, supposing, his experience differs or is even diametrically opposite from the textbook statements, then he is prone to think that one man's experience can not be as valuable or as deciding as that of twenty textbook writers. He represses his doubts, buries his skepticism—and reproduces the statement of the authorities before him. He is unaware of the fact that all the twenty statements may, and generally do, represent one original source, one original statement that has been copied and recopied from one textbook into the other, without real critical analysis; he is not aware of the fact that a "consensus of opinion" often, or occasionally, is but the thoughtless utterance of an unthinking man thoughtlessly repeated by a thousand other unthinking men.

Gonorrhea, and Tobacco

For years, almost every textbook on the treatment of gonorrhea has told us to be sure to warn our patients against the use of tobacco. Has anybody ever seen any injurious effect of tobacco on the course of a gonorrhea? I am sure, not. And why

should there be any? Why should the smoking of tobacco aid the development of the gonococci or increase the congestion in the urethra and prostate gland? If tobacco has any effect at all upon the genital sphere, it is that of a sedative, a depressant, and therefore cannot exert any injurious effect.

Of course, at the beginning of my practice I also forbade my gonorrheal patients to smoke; but I soon saw the absurdity of this prohibition. I saw that the abstaining from smoking was not only not doing the patient any good, but was doing him *actual harm*. By making him nervous and fidgety, by taking away his appetite, by disturbing his sleep (some people are so used to their smoke that by depriving them of it you interfere with all their somatic functions), by interfering with the regular movements of his bowels (to some people a smoke is a necessity while in the toilet), his general condition was aggravated, and this of course reacted deleteriously upon the course of the local disease itself.

Since permitting my patients to smoke *ad libitum*, I have not had to regret it in a single instance, and not only were the patients grateful for the permission but the course of their disease was favorably influenced thereby. Of this I am sure.

Gonorrhea, and Alcohol

What I said about the injunction against smoking applies, only with much greater force, to the injunction against drinking, i. e., drinking of alcoholic beverages. In every textbook, in every article written on the subject, it is enjoined upon the patient not to touch a drop of anything concontaining C_2H_5OH in any shape or form.

Dire results are threatened in the case of an infraction of this injunction. That, in the acute florid state of gonorrhea, alcohol in any form is best abstained from is granted; but I emphatically deny that there is any valid reason for forbidding alcohol to those suffering with chronic gonorrhea or urethritis. I even question whether it is necessary to prohibit alcoholic beverages absolutely in the declining stage of an acute gonorrhea.

Though perhaps too personal a matter, it may not, for certain reasons, be amiss to state here that the writer is, practically, a total abstainer. What he consumes in the way of alcoholics would not yield to the government two cents per annum in revenue tax. It is not, therefore, out of personal predilection that he pleads for not depriving the patients entirely of every kind of alcoholic beverage to which they have been used, but because he is convinced that such deprivation often works direct and positive injury to the patient.

Many, many years ago, a member of the tonsorial guild told me, while trimming my hair, that in his opinion the doctors, as a class, did not know very much—of course, there were exceptions, he hastened to add. He had a gleet, oh, for ever so long. He went from dispensary to dispensary, from doctor to doctor. All gave him some different kind of injection, and all told him to keep away from liquor; but he wasn't getting better. He finally got disgusted, got drunk one evening, kept on drinking beer—and very soon he was well. What's more, since then he gave the advice to drink beer to a number of men, and most of them got better. Oh, yes, some got worse.

I smiled, then, at the ignorance of my barber, but in later years I came to think of his story. I had a patient, a Frenchman, who from his earliest youth was in the habit of taking a glass of claret with his principal meal or meals. I forbade him the claret. He was unable to eat. Eating without zest, he got dyspepsia, and his bowels became very constipated, which made his gonorrhea worse. He went on like that for about two weeks, but then he said he could stand it no longer. I permitted him then to have his claret. Not only his general condition but his gonorrhea also improved.

These and similar things set me thinking, and I began to observe cause and effect—and I have ceased threatening my gonorrhea patients with dire consequences if they did not abstain from all alcoholic beverages. And I still have no cause to regret my liberality in this respect. Many cases of chronic urethritis are distinctly

improved by the moderate consumption of beer and wine.

Gonorrhea, and Sexual Intercourse

In spite of the elaborate introduction at the head of this article, I confess that it is with some trepidation that I approach this subject. But it is better to get at once in *media res*. A decent man with acute gonorrhea, with profuse discharge, with *ardor urinæ*, painful chordee, and the other concomitants, will not think of having intercourse. Not that he has no desire—the libido is only too frequently heightened in all stages of gonorrhea—but the most ordinary sense of decency will restrain him from satisfying his desire, even if he does not know that indulgence might prove injurious to him.

But from advising abstinence in the acute stage is a wide gap to the strict prohibition of all sexual relations during the entire course of a chronic urethritis, no matter of how long a duration. It is not merely that such abstinence is unnecessary. If it were only that, it would hardly be worth while broaching the subject. But such abstinence is injurious, *injurious to the gonorrhea itself:* and when this is the case, it becomes the duty of the physician to speak. And I will say clearly that many cases of chronic urethritis, gonorrheal and nongonorrheal, are unmistakably benefited by sexual intercourse. Nor is it hard to understand the reason. A little thought will make the rationale perfectly clear.

A perfectly healthy man who has led a normally active sexual life will, often, when obliged for one reason or another to forego sexual relations for a considerable period, begin to suffer from a certain congestion in the genital organs. The testicles will feel heavy and painful, there will be irritation and radiating pains in the prostatic region, besides other derangements.

These symptoms are much more aggravated in gonorrhea. The libido, as is well known, frequently is greatly exaggerated in gonorrhea. This is due to the local congestion in the organs. If a man is suffering from subacute or chronic urethritis or prostatitis, and you forbid him to have any sexual relations for several months, you surely aggravate all his symptoms, increase the congestion, and make the local condition much more difficult to cure. Sometimes you make a cure impossible. And, in fact, nature often rebels at and scorns your injunctions, and to your orders of perfect abstinence she often replies with nightly emissions, which hurt a patient much more than would normal coitus. It is a well-known fact that many gonorrheal patients begin to suffer for the first time, during their illness, with very annoying and frequently repeated pollutions.

A little thought will show us that a normal coitus accomplishes in a simple, pleasurable, and complete manner what we are trying to do, therapeutically, in a crude, painful, incomplete, and not infrequently harmful manner. In our treatment, we try to bring the gonococci hidden in the various urethral glands and lacunæ to the surface. We do this partly with our injections, partly by massage of the urethra, and now we have even introduced the vacuum suction treatment, which has this purpose in view. We massage the prostate gland and strip the seminal vesicles—frequently with considerable traumatism to these two organs—and for what purpose? To free the prostate gland and the seminal vesicles, as far as possible, of the gonococci and the catarrhal or purulent products which they may contain.

I maintain, then, that a satisfying, normal coitus (not coitus interruptus, or reservatus, or retardatus, but a perfectly normal coitus) will accomplish this purpose in a much *more complete manner*, and without any injury to the patient. (For I must again mention that massage of the prostate gland, and particularly stripping of the vesicles, except in very expert and gentle hands, *is not an indifferent* procedure. The vesicles have more than once been irretrievably damaged by rough milking, or stripping.) He who has had an opportunity of examining the prostate gland and vesicles before and after coitus will testify how completely they may be emptied by the process of sexual intercourse. Certainly much more completely than any massage

or stripping ever can. The fact that both the subjective and objective symptoms in a chronic gonorrheic frequently are markedly improved after coitus speaks in favor of the latter.

Here the hypercritical might interpose: If intercourse is not only not harmful but distinctly beneficial in chronic gonorrhea, why is it not also beneficial in acute gonorrhea; and why not also recommend it in that condition? I answer, Because we have an entirely different condition to deal with.

In acute gonorrhea, we have an acute active hyperemia; all the blood-vessels are overfilled with blood, and to bring an additional flow of blood would still further distend the blood-vessels and erectile tissues, and thus might cause an edema, by transudation. In acute gonorrhea, we must avoid anything that will cause an erection, as the penalty might be a painful chordee. In chronic gonorrhea, we have but a slight, generally passive, localized hyperemia; we may even have an ischemia. The effect, therefore, is not the same.

What is good in one stage of gonorrhea might be distinctly injurious in another stage. Our critic might as well ask: If a two- to ten-percent solution of silver nitrate is so beneficial in chronic urethritis, why not also use it in acute urethritis? Or, If massage is useful in chronic prostatitis, why not use it also in acute inflammation of the prostate gland?

What as to the Man's Partner?

So far I have spoken of the man only. We now come to the woman. The woman must, of course, be protected at all hazards. If the woman can not be protected absolutely, then the man must abstain absolutely, no matter how injurious the results of abstinence may be to himself. Fortunately the woman can be protected. A proper condom is a perfect protection, but, unluckily, it is not satisfactory so far as the man is concerned. Coitus condomatus does not do what we want it to do in emptying the prostate gland and the vesicles, besides often leaving the man in an unsatisfied and irritable condition. This is true of normal men, and it is still more true of men with some venereal and sexual trouble.

Fortunately it is not necessary to depend upon the condom. A perfectly safe way is the insertion, by the woman, of a mild antiseptic suppository a few minutes before coitus (one containing salicylic acid, boric acid, chinosol, etc.), and the use, afterward, of a mild antiseptic douche. This method has been resorted to by very many individuals. And there has not been a single case of infection. None has come to my notice, and I am certain that I should have heard of them if any had occurred, because it was done by my advice, and, if infection had taken place, the responsibility would have been thrown upon my shoulders.

I might add here that many men who, soon after marriage or on the point of getting married, find that their gonorrhea, which they thought was perfectly cured, is still uncured, have been advised to adopt this method, and that in no instance was the woman ever infected.

In concluding this paper, I might say that abstinence during a long-drawn-out attack of chronic urethritis (an abstinence lasting months or one or two years; for there are cases of urethritis lasting that long) has another injurious effect; namely, it is liable to affect a man's sexual potency. But this is a point requiring a separate chapter.

Nuclein as An Aid to Recovery

By C. M. SMITH, M. D., Richland, Kansas

FINAL recovery from disease-conditions, and under circumstances that render recovery distressingly doubtful or, often, according to good prognostic rules, practically impossible, is a notably common result following the intelligent use of nuclein. Its intelligent use usually includes preliminary treatment the purposes and methods of which are very important if we would secure the true therapeutic effects of this reliable remedy. Elimination through the bowels and secretion and flow of bile should be fairly free just before and during the administration of nuclein. By fairly free, I mean about normally free or, if especially indicated, slightly and very temporarily in excess of the normal.

Moderate sedation of the pulse, temperature or nerve conditions, as indicated by respective and relative symptoms, is also sometimes advisable before giving nuclein. This is particularly true in sthenic cases of acute disorders, and always true when of pneumonic type or tendency.

Antiphlogistic measures, however, need not, and should not, be carried to the point of bowel irritation, heart or nerve depression or to very decided depletion generally.

As soon as an engorged alimentary canal can properly be cleared of its grosser accumulations, six to ten very small, oft-repeated doses of mercury biniodide and podophyllin thoroughly triturated with sugar of milk, and, sometimes, a few small infrequent doses of emetine or powdered ipecac is all the medication usually required to render the system rightly susceptible to the presence and therapeutic effect of nuclein. Furthermore, if pulse, temperature or nerve manifestations seem still to indicate more direct measures or medication, the result desired will be much more easily obtained than if laxatives and secretory incitants had not been properly used.

A few small doses of aconitine and hyoscyamine, to the point of beginning quietude and, possibly, slight skin moisture, will meet this additional requirement in preliminary medication; and, with other matters in management fairly well attended to, the human organism under treatment, whether already influenced by some specific infection or not, will now appropriate nuclein to very decided advantage in quickly regaining its health or in fortifying its tissues against untoward tendencies that might otherwise develop in the progress of a disease. Closely following and intimately connected with this advantage comes another of gratifying import, that of a comparatively plump, "well-nourished" patient at convalescence; in striking contrast with the condition of one exhibiting that extreme emaciation so often seen after a more or less protracted illness, in the practice of the past.

Improved results in this respect are partially due, of course, to improved methods of feeding; but the part that medication should contribute to the conservation of tissue is also clearly demonstrable through the timely and proper use of nuclein.

Another point well worth noting is an effect, apparently selective, but certainly curative, which nuclein in limited dosage produces in any and all acute inflammations of the respiratory apparatus. Given properly, with reference to preliminary treatment, dosage, dieting, and so forth, it becomes a "sheet-anchor" in pneumonia; while inflammation of the tonsils, whatever the most intimate functional relationship of these glands, seems still more susceptible to the curative activities induced by nuclein medication.

The abnormal acidity often prominent in all disorders, and usually a result, primarily, of dietary indiscretions, sometimes requires small doses of sodium phosphate in hot water, one to three times daily, before meals, for a day or two, as a part of the preliminary and accompanying treatment to nuclein medication.

Given injudiciously, nuclein can cause mischief. Jaundice may be induced, or, if

already present, intensified. Suppurative conditions may be made worse, diarrheas and dysenteries aggravated, temperature in typhoid fever rendered subnormal, and local hyperemias of vital parts in sthenic cases made dangerous, by giving this remedy wrong.

As to dosage, the best mere routine to follow in acute disorders is, to give 2 drops of the standard solution every four to six hours, during the first twenty-four to thirty-six hours; then every one to three hours, until symptoms assure a well-started restoration; after which a few doses only should be given at six- to twelve-hour intervals, soon discontinuing the remedy altogether.

Nuclein, although essentially a sustainer, to forestall undue tax upon the organism and to prevent its resistant energies from sinking below the rallying point, should not be "force-fed" to patients. The diagnostic query is: How soon, how much, how long is nuclein actually needed, and can it be appropriated therapeutically?

Sufficient accuracy, without recourse to microscopic or other of the finer aids to diagnosis, usually is attainable by close attention to the phenomena of effects and their relation to causes, together with a comprehensive estimate of clinical results. General fulness of the facial tissues and a rather profuse salivary secretion should usually be considered contraindications for more than small, infrequent doses of nuclein, during the first day or two of its use, either in acute or chronic disorders.

Nuclein is best given between and shortly before the eating periods; and, in most chronic disorders, in alternation with readily assimilable forms of iron and phosphorus—these to be taken at meal-time.

Splendid results may sometimes be secured from a single daily dose of as many as 8 of the 2-drop tablets of nuclein, eaten like candy, at about 10 o'clock a. m., when the system seems in special hunger for it and the conditions clear for its ingestion. This method works well in certain conditions of pulmonary tuberculosis, especially when supplemented by the proper hematinic or other more direct aid to oxidation. The rational adjuvant in hemorrhagic cases would be calcium rather than iron; while in young, extremely erethetic patients, the addition of 1-4 to 1-2 grain of salicin three times daily, before meals, might prove beneficial given with the nuclein.

As a synergist in combination, strychnine arsenate, when especially indicated as a functional and tissue tonic, gives permanent satisfaction if administered at comparatively infrequent intervals, to be gradually discontinued as natural nutrition improves to its self-sustaining point.

Popular discussion, as to whether medicine is or is not a science, which cannot settle any point, because it does not state the subject, might become less rampant if physicians and surgeons would learn to use—but rightly—nuclein more generally in their practice. In this way it should be made one of the present-day means at our command for elevating the standard of medicinal therapeutics, and so advance to more correct popular appreciation a most essential factor in human affairs—the true sphere of the medicinal drug.

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[Truly, the day has passed when we just prescribed some drugs and then, if our patient recovered, let it go at that. Now we study the physiologic functions, and then seek to encourage the lagging ones. Very often the general vitality needs reinforcements, and then we give nuclein, as has been so admirably told by Doctor Smith. Another notable point—Doctor Smith is not a pompous professor in Vienna or in Heidelberg, or in Berlin; he is just a country doctor out in Kansas! One more illustration of why we believe in the country doctor.—ED.]

Therapeutic Nihilism, and Pulmonary Tuberculosis

By BEVERLEY ROBINSON, M. D., New York City

TO me, it is distressing to note how little is done in a remedial way, so far as drugs are concerned, in the treatment of pulmonary tuberculosis at the present time. Treatment of symptoms is about all that is attempted, and only infrequently are specific remedies, so called, employed. But even if they are used, they are not prescribed, as a rule, with, what I consider, intelligence.

The symptomatic treatment is, today, that followed at the sanatoria for tuberculosis, perhaps even more so than by physicians in private practice. This is explained by the fact that the latter sometimes are almost obliged to use certain remedies—such as codliver oil, the hypophosphites, creosote—even though they do not believe in their efficacy.

It would seem as though the whole tendency of advanced medicine, in this disease, were in the line of sanitary measures and hygiene, and these alone. Why is this; and is it useful or desirable?

The primary reason for this state of affairs is, that hospitals and dispensaries do not—can not, as a rule—prove the cure of pulmonary tuberculosis by any known treatment; at least proof cannot be afforded to the multitude, and certainly not to those skeptics who are ever prone to disbelieve even when all available evidence goes against them. Furthermore, few men cling to knowledge transmitted from the past as in many instances the best, while usually those among us who do are the "ancients and honorables" of the medical profession. By the younger physicians, these men already are regarded as have-beens and far too laudatory of men and methods that are obsolete—as they believe.

And, yet, when one brings indubitable evidences to show the value and importance of what has been accomplished, is it not wrong to withhold renewed trials and support if statements are found correct, when, in addition, one can affirm, as I can, that he has tried faithfully what has preceded in the way of treatment and found none so trustworthy as what he now advises and has advised for many years.

My method of treating consumption is absolutely simple and easy to carry out. It consists essentially in giving small doses of creosote in solution continuously for several months—or even years—and, also, in using this drug by continuous inhalation. The precise rules I have laid down have already been published several times.

These facts, I may add, have been amply corroborated by Dr. D. B. Lees, of London, in articles published in *The British Medical Journal* and in *The London Lancet.* Dr. Dundas Grant as well as other observers in England have confirmed Dr. Lees's and my own statements. In New York I know of at least one practitioner of prominence and marked ability who believes that the perforated zinc inhaler should be used by almost every sufferer from pulmonary tuberculosis.

I do not claim to be able to cure all patients having pulmonary tuberculosis, but I do claim that I benefit a very large proportion solely with this means of treatment—I also claim that through it and by it *many* will recover who otherwise would not. I also claim that the risk of contagion, even though it be relatively slight, is much lessened—rendered practically *nil*—by the proper use of the inhaler. I further claim that my treatment interferes with no other treatment, but supplements very greatly the benefits derived from good air, good food, sunlight, and rest.

Let it be recognized, now as heretofore, that pulmonary tuberculosis is a self-limited disease in many instances and will surely get well even with relatively poor surroundings; that in other instances country air, or better city conditions, are required for a cure; that also occasional-

ly (although usually then only when treatment has not been begun and persisted in from the beginning of the disease) a fatal result, up to the present, is the outcome. In any event, is it not incredible, nay, criminal, to have a treatment ignored which might do an untold amount of good?

I am inspired to write this communication by reason of a late *Bulletin* of the Chicago Health Board (April 27, 1912), where I find stated that the new law of the state of New Jersey makes it compulsory to segregate all those who "become a menace to the health of those with whom they associate."

I affirm that there would be no such "menace" if what I insist upon were done; and even I agree that "*salus populi suprema est lex.*"

Scrapings From Obscure Skin Lesions

From the Records of My Private Laboratory

By B. G. R. WILLIAMS, M. D., Paris, Illinois

EDITORIAL NOTE.—This is the sixth paper in Dr. Williams' exceedingly interesting and helpful series upon "Surprises, Delights, and Curiosities Encountered in Medical Laboratory Work." Others, equally interesting, will follow.

ON a cold December afternoon, a tramp applied for shelter and assistance to the authorities of a certain community, and he told a story which ran as follows: "I had built a fire by the railroad, several nights ago, to keep me from perishing in the blizzard. While I was asleep, my trousers' legs in some manner sprang ablaze and, before I could arouse sufficiently to extinguish it, the skin on my legs was fried. I managed to secure a change of clothing from a farmer. Yesterday the burns became inflamed and now I can go no further."

The Doubtful "Burn"

An examination of this vagabond's legs disclosed the presence of a large ulcerated area on both calves. As the man had considerable fever, he was removed to an almshouse and given proper treatment. Although he complained of considerable tenderness when the ulcers were dressed, he assured the physician that at other times he experienced no particular pain. He slept well and ate voraciously, so that the authorities grumbled; yet, when the spring rains began to fall, healing had progressed but little or not at all.

The physician who dressed the ulcers chanced to overhear an interesting conversation, one day, between the steward and an attendant; and this is about the way it went:

"Dr. Blank is dressing Shepherd's burns again. He may need some sterile water."

"He seems to be up against it in that fellow's case."

"Doesn't he though? Say, I have an idea of my own in regard to this fellow Shepherd."

"What's that?"

"I think that he was burnt."

"Well, every one agrees with you. He, himself, says that his trousers got afire."

"You don't understand what I mean. I don't mean that he *is* burnt, but that he *was* burnt—many years ago, perhaps; and not by fire, either."

Two days later, the steward was surprised to receive these instructions from the doctor: "Mr. Bowen, I have left some blood-medicine for Shepherd. Please see to it that he gets one tablet after each meal." The "burns" healed rapidly, much to the chagrin of the hobo, who promptly deserted the institution as soon as he was told that he was able to work to pay his way.

In the occurrence related, the steward gave the clew; a bottle of drawing-ink furnished the proof; and a few protoiodide tablets produced the result.

Possibly a few of the readers of CLINICAL MEDICINE are not familiar with the ink-method of identifying the germ of syphilis, and how this may be accomplished within six minutes with very little apparatus. I cannot, here, well go into a description of the exact procedure, but any physician interested will be given proper references and literature, if he will write me, enclosing postage for the reply.

By means of this ink-method, I have been able to identify the treponema pallidum in many cases of skin lesion where the etiology appeared obscure or the diagnosis proved difficult. During the past four months, I have so improved the details of this test that I can enthusiastically recommend it to the physician as the best and yet the most simple of all, far exceeding in value the intricate staining methods and the use of the dark-field attachment. Three years ago, I proposed its use to my fellow practitioners. At that time, I put aside some of my prepared slides, and that these proved permanent is shown by the fact that the treponema may still be identified, although no fixing solutions, stains or complicated methods were employed.

I have found that, of all the manifestations of lues (not, however, including visceral syphilis) the mucous patch is most likely to contain the most of these germs, and that the physician may well perfect his technic upon specimens from this lesion.

A Peculiar Instance of "Rhus" Poisoning

Once upon a time, a young man went upon a fishing trip of several days' duration. In his roamings up and down the banks of the Wabash, he came into contact with some rhus toxicodendron, that is, poison-ivy, and he returned home just in time, when the full benefits of his experience began to manifest. So insistent did his pruritus become that he called upon his family physician for "ten-cents' worth" of medicine. The physician would not sell him the lotion, advising that he get it at the drugstore, and then forgot the incident. Two days later, the doctor was called up over the telephone:

"I say, doc, for gosh sake come right down. I never ran into poison-ivy before, but from what I have been told, yours truly has the derndest case—"

"I beg your pardon," broke in the hypersensitive telephone operator—and cut them off!

Nevertheless, with this little information to spur him, the physician started on the call. A very much perplexed and worried young man met him at the door. He volunteered:

"It has not broken out yet, and that is what worries me. The itching is mainly confined under my arms, in my groins, and around my privates. And I wish you would just look!"

The doctor did make an examination, at first very closely and then from a safer distance. Had Birnam Wood at last come to Macbeth? Not yet. But the army of Macduff had arrived, and this alone was on the move, the trees merely swaying as the masses of infantry crowded between them. There was a laugh, an order for blue ointment, and the young man was informed that the "banks of the Wabash" were infested by other dangers besides the poison-ivy.

The pediculus pubis is an interesting little animal. He may be chloroformed and mounted in a droplet of balsam, in which condition he is easily preserved. By means of certain manipulations, where the worker resorts to carmine staining and dehydrating methods, very beautiful specimens may be obtained. Now and then these affectionate parasites infest the bodies of innocent and cleanly persons. In our larger public buildings, universities, asylums, and the like, occasionally epidemics have been known to exist, and apparently they could not have been avoided. In one instance, I recall that the eyebrows of a very prominent and respected citizen were involved. I have several specimens from this case which differ in no manner from the ordinary "crab."

Fungi May Mislead the Diagnostician

Men who specialize in clinical microscopy have been struck by the fact that parasitic molds are sometimes found where they might least be expected. In other words, the lesion of these diseases, though usually

typical, are not always so and symptoms are sometimes confusing. Although scrapings are unnecessary or may at times be actually contraindicated in every kind of cutaneous disorder, their aid to a final diagnosis is often not invited, when this alone would furnish the conclusive information.

It is startling to find hyphæ and spores in chronic acne, psoriasis, and so forth, yet such occasionally appears to happen. Certain it is that the previous diagnosis has been incorrect, which proves that too much stress should not have been placed upon the actual appearance and distribution of the lesions. One gentleman who had lost considerable of his hair consulted a physician. The "baldness" was located mainly in the frontal region, but the loss was somewhat irregular and was accompanied by a mild but persistent itching. Of macroscope or gross lesions, there appeared to be none, but a close inspection revealed that small denudations of the cuticle were present. Hyphæ were demonstrated without difficulty.

The nature of many skin lesions cannot be determined by a microscopical examination of scrapings. This holds especially with the acute types, and it follows that the physician should keep in mind the limitations to the application or interpretation of such a procedure. Neither can a differentiation invariably be made upon symptoms, signs or reference to the dermatological atlas alone. In many instances, as I have shown in previous communications, the uranalysis may direct our attention to the cause, and it is the cause which most concerns the man in whom rests the responsibility of the treatment.

Unless contraindications exist, an examination of the scrapings from the affected portions is advisable. Evidence of syphilis, mold diseases, tuberculosis, actinomycosis, tumor formation, invasion by insects, and other facts of diagnostic interest and profit may thus be ascertained.

The next paper in this series will treat on "riddles which the typhoid tests have solved."

Bird-Cage Disease

By MAYNARD A. AUSTIN, M. D., Anderson, Indiana

EDITORIAL NOTE.—The title is a novel one, but it is so suggestive, and the subject is presented by the author in such an entertaining way, that we decline to define it. The paper must be read in its entirety to appreciate the full significance of the subject treated.

PROBABLY full ninety percent of the work that the average physician is called upon to do is for women patients. This does not mean that women complain nine times oftener than men or that the latter are braver in their sufferings, but it does mean that there is a reason why the woman should be more frequently ill than man. Of course, it must be admitted that there are a number of things not particularly diseases that it is impossible for a man to have, since woman has been blessed and cursed from the beginning, for it was given that she should bear the burdens of all the future generations.

Long years ago it was written that man would become weaker as he became wiser, and civilization, while adding luxuries to our everyday life, has given us ample cause to feel that we have paid a high price for the little that we do enjoy, when we compare our average physical development and lack of health with that enjoyed by some of the less civilized nations. Man is the highest type of animal life and he reflects the good and the bad of the lower orders. A report of the work of the chief veterinarian of the New York zoological garden (which has approximately 3000 wild animals, birds, and reptiles on hand, at all times), contains the following:

"We have a great many surgical cases among practically all classes of animals, but the greater portion of our surgical work is due to giving birth. It seems to be due to lack of exercise, freedom, and the ab-

sence of natural conditions, which, again, is not very unlike the human race; as a rule the further away from where nature intended us, and the higher the cultivation, the greater number and more serious obstetric troubles are met with."

While obstetric difficulties are all too frequent in the human race, there are many other conditions caused by the same lack of exercise and freedom, and life under unnatural conditions—that is, due to our bird-cage manner of living. These difficulties, fortunately, can be corrected by living a little nearer to nature.

One of the first questions asked, in taking the history of a patient, is, "What work do you do?" The average wife answers in proper terms of pride, "Why, I do all of my own housework." The next question will probably be, "How much exercise do you take," and the answer will probably be either, "I don't have time," or "I have all that I can do to do my work;" or she may be one of those unfortunates at the other extreme whose social duties demand so much of their time that they have scarce time to sleep or to eat, to say nothing about time for outdoor work or exercise. Of the two classes, the former is the more fortunate woman, because of her regular hours and her ability to sleep when she goes to bed, and to have regularity in her meals.

At some time we may have been the possessor of a little feathered songster whose melodies we wished we might hear oftener outdoors and at all seasons. Frequently a canary loses its voice, and we may think we have been imposed upon by the person who sold us the bird. Yet the bird was all right when we bought it, but we have been too kind to it, we have overfed it, and it has become lazy and sluggish. It is exactly this condition of the human animal that causes the various symptoms and signs that go to make up that which is termed bird-cage disease.

The genius in his day is called a crank, yet it has been the "cranks," so called, who have been the pioneers in many lines of endeavor, and out of their radical ideas time has brought forth much of value to succeeding generations. All new theories and discoveries must pass through a developmental and experimental stage even after their perfection. All radical changes in every line of effort have been received with doubt and incredulity at first. Later, when the discovery has found world-wide acceptance, people will say it's of little consequence and that many knew it before.

Medicine Ever Is Changing

In no science have there been so many changes, so many radical theories used and abused, as in medicine; and no body of men have sacrificed so much for the good of others as has been done by the medical profession. The science of medicine began with Esculapius, but Hippocrates was our first great diagnostician. The descriptions of the latter stand as classics for certain diseases to this day.

Medicine was formerly a matter of superstition, and evil spirits must be appeased before a cure could be obtained. As many, if not most, of our epidemic diseases are produced by bacteria, and the discovery of these latter has been in this generation and due to the development in microscopic technic, it is no wonder that these invisible foes to mankind were supposed to be emanations from the evil-one.

Despite the activity of the research work that is constantly going on in medicine, demonstrating the actual cause of disease, reproducing the disease in animals and frequently in man, the body medical is forced to contend with all sorts of extremists within and without the profession. It would be unfair to state but that some good could be found in every cult or "pathy," yet from lack of diagnostic ability, overenthusiasm, or due to the twentieth-century secret of success, "advertising," these various fads are all overdone.

Electricity is good for certain conditions, so is massage, so are drugs, so is surgery, so is suggestion and mind training, so is work, and so is play, but all of these things must be used intelligently. The doctor who expects to gain results in every case must be broad enough to apply the remedy to the patient and to the patient's disease. There is no one remedy that can be used for the cure of every disease, and the person who thinks that prayer, or rubbing, or

electricity, or drugs, or food fads, or freak exercises can supply the requirements of every disease is going to be sorely mistaken. The exponents of any fad and all those misguided persons who have a cure-all ultimately find out that all the fools are not all fools all the time.

The greatest success in the profession of medicine comes to the honest man who can say that he does not know, when a diagnosis is uncertain, and who can take pleasure in telling his patient their needs, even if he is not able to supply them.

Were some physician to announce that he had discovered a medicine that would make brains, some might laugh, yet if it were advertised sufficiently well, it would find a ready sale. As a matter of fact no medicine can make muscle or nerve or strength any more than it can make brains. There is a popular superstition that fish is a brain food, yet we do not find many examples of overdevelopment of the cranial contents of those persons living in regions where fish are the most plentiful.

Drugs are necessary and give positive results in certain diseases, and they may be used to stimulate or repress the function of certain organs. The heart, the liver, the intestines, and the stomach all respond to certain well-known drugs. The nerves respond to electricity, and the man skilled in its use can stimulate or paralyze, as he desires; the efficient masseur gets marked results. Yet all of these are but artificial and the occasion for their use is a matter to be deplored.

When they are demanded and prescribed, it means that the individual is lacking in an ability to keep from getting sick, or is deficient in that self-possessed remedy for getting well. The first we speak of as immunity, the second we consider in terms of resistance. Animals are not customarily the subjects of certain diseases, but nearly all animals can be inoculated and be made ill by germs that are harmless, if the animal is tired out by fatigue or excitement, or weakened by deficient or unsuitable food. As examples of this, white rats, who have a natural immunity to anthrax, readily become infected, and frequently die, if previous to being inoculated with the germ, they have been tired out by being placed in a revolving wheel and compelled to run a considerable time. Chickens also are naturally immune to anthrax, but if they are inoculated and then placed in a cold room and left for twenty-four hours, they develop the disease and die as a consequence. Pigeons will contract the disease after a period of starvation, but not if they are given plenty of food. In man, we know that exposure to cold, lack of proper food, overwork and excesses of all kinds make the individual more susceptible to such diseases as pneumonia, erysipelas, typhoid and other fevers.

What Is Bird-Cage Disease?

With this introduction, we can better understand the signs and symptoms of bird-cage disease. First, as to its cause, it is a matter of lack of exercise, oftener overfeeding than lack of proper things to eat, and dependence upon artificial stimulation to make up for habits acquired by personal neglect. The signs of this disease are self-evident to a careful observer who watches the expression or lack of it in the face of the affected person. They are easily tired, nervous, subject to fits of despondency, given to moods, and have dispositions that are irritable if nothing more. Their complexions are pasty, when the patient is not an artist. As to the things they complain about, one word would describe it, "everything." As to what they have been doctored for, the same word would answer, "everything." As to what they have tried to obtain relief, the same word again would tell us, "everything." This being the case, we can study the patient a little closer.

"How are your bowels?" "Constipated." "How much water do you drink?" "I don't know." "Do you drink your water with your meals or do you drink it between times?" "Most of the fluid is taken at mealtime, of course." "How much are you out of doors?" "All that I can get a chance to be." "How far can you walk without getting tired?" "Not very far, I am too tired before I start." "Do you have any pain?" The answer to this question varies as to the number of doctors

the patient has consulted and the kinds of treatment they have taken. For every doctor usually discovers a new sore spot and a different cause for the disease. It is not unlike the story of the six blind men and the elephant:

It was six men of Indostan,
To learning much inclined,
Who went to see the elephant,
(Though all of them were blind),
That each by observation
Might satisfy his mind.

The first approached the elephant,
And, happening to fall
Against his broad and sturdy side,
At once began to bawl:
"God bless me! but the elephant
Is very like a wall."

The second, feeling of the tusk,
Cried: "Ho! what have we here,
So very round, and smooth, and sharp?
To me 'tis mighty clear,
This wonder of an elephant
Is very like a spear!"

The third approached the animal,
And, happening to take
The squirming trunk within his hands,
Thus boldly up and spake:
"I see," quoth he; "the elephant
Is very like a snake!"

The fourth reached out his eager hand,
And felt about the knee:
"What most this wond'rous beast is like,
Is mighty plain," quoth he;
" 'Tis clear enough the elephant
Is very like a tree!"

The fifth, who chanced to touch the ear,
Said: "E'en the blindest man
Can tell what this resembles most:
This marvel of an elephant
Is very like a fan!"

The sixth no sooner had begun
About the beast to grope,
Than seizing on the swinging tail
That fell within his scope,
"I see," quoth he, "the elephant
Is very like a rope."

And so these men of Indostan
Disputed loud and long,
Each in his own opinion
Exceeding stiff and strong,
Though each was partly in the right,
And all were in the wrong!

It is not always the doctor's fault that different diagnoses are made, because at different times the various weak spots show themselves, and the most hypersensitive place is given the most careful examination. Headaches are common and most of our patients are decorated with the evidence of a visit to the oculist.

The Protean Symptoms of Our Patients

Examine into the causes for these things, and we know it requires exercise to make muscle, yet how much muscle does the average woman develop in her daily round of housework? She cooks three meals a day and washes the dishes afterward. She makes the beds and does a little sweeping. The household laundry is about the only place where actual muscular effort can be expended, but it is so easy to send the laundry out, and the laundry ladies are given the benefit of this exercise, to their physical and financial betterment. It is hard work to iron, especially in hot weather, and mending is tedious, while sewing is hard on the eyes. Now, to obviate all this, it might be suggested that we burn wood instead of gas, and have our wives cut the wood. Instead of getting water by the tedious process of waiting for it to run out of a faucet, our good wives could draw it from the well, and the deeper the well, the more exercise for the back-muscles and the forearm.

And how does all this affect the bowels? First, the indoor habit was begun when outdoor conveniences became less common. Personal neglect to nature's stimulus is the greatest factor, but two others make the neglect more easy. Lack of exercise affects the muscles of the stomach and the intestines as much as it does those of the arm or leg. Again, the greatest liver stimulation is received during active exercise, when the blood is being sent faster through all the vessels of the body. Bile is the natural cathartic and acts as such, and when the liver stops work, constipation ensues.

With lack of exercise, there is a tissue relaxation and a fall of the blood pressure. The organs of the abdomen get loosened and we find floating kidneys, dilated and dislocated stomachs, and a general displacement downward of all the abdominal contents. That is one reason why the corset has become a necessity of such importance. Fashion has followed necessity, and a proper-fitting corset is a fre-

quent prescription, and the corset is advised for everyday wear, and not for dress parade. By a corset is not meant one of those hourglass contraptions that were an insult to anatomy, physiology and every phase of hygiene, but a support for the lower abdomen. This general looseness is now so common that eighty percent of the women that frequent a doctor's office are affected. Floating kidneys were fashionable in the beginning, because only the careful examiner found one. Nowadays they are more frequent because we look for them, and, of course, since they became common, they are not considered a social badge of distinction.

There is an old saying that

"Early to bed and early to rise
Makes a man healthy, wealthy, and wise."

Nowadays it has been changed to

"Early to bed and early to rise
Is all very well for sick folks and guys.
But it makes a man miss all the fun till he dies
And joins the stiffs that are gone to the skies.
Go to bed when you please and sleep at your ease,
For you'll die just the same with a Latin disease."

The kidneys are our greatest excretory organs; they eliminate the poisons that are formed in the body or that are absorbed from the intestine and other surfaces. We can't clean out a sewer very well by the dry process, and the fear of water that is a part of some people's constitution makes us uncertain but what they have hydrophobia, even though they never were "dog-bit."

Water is all right in its place, and while there is great truth in a certain whisky advertisement, which says that water has killed more men than have bullets, one should not drink that kind. Too much water taken at mealtime dilutes the gastric fluids so much that they are ineffectual. A certain percentage of acid is necessary for proper digestion, and when this percentage is diminished by dilution, digestion is just that much impaired. Water should be drunk between meals, and an average of half a gallon a day is not too much. A healthy person should get rid of at least eight grains of solid matter for every pound in body-weight every day, and pass this poison through the kidneys. Instead of this, it is rare to find a woman whose excretions average more than five grains to the pound of her bodily weight.

Developmental Defects Are at the Basis

We can take up the symptoms that are given to us by the average patient and refer distinctly to some developmental defect in the majority of cases. This defect is brought out by our bird-cage existence, for the luxuries and conveniences of civilization have enmeshed us with something more than conventionalities.

Near-vision is not the natural function of the eye, and the necessary use of the eyes for close application in our surroundings and the means of making a livelihood, together with the elimination of the necessity for using the eyes to discover possible enemies at a distance, as in times gone by, have brought out this defect and made optical assistance an almost universal practice.

When we speak of nerves, the physician must insist on a private interview, for that is a most sensitive subject. We have all kinds of people and all kinds of nerves—or lack of them. Our manner of living is so self-centered in the *ego* and the *us*, that our first act is to develop a degree of self-consciousness that, like the hair and teeth and nails, just grows on us. We become hypersensitive, more responsive to outside impulses and stimulants, and soon a reaction follows that demands extra stimulation as a necessity. This demand for artificial stimulation is a will-o'-the-wisp that draws our women, especially, into the various fads and fancies of club and freak diversions.

Bird-cage disease is synonomous with neurasthenia, but one of our most prominent diagnosticians says that it is inadvisable to make a diagnosis of neurasthenia in a family unless they have an annual income of ten thousand dollars. This has made necessary the coining of a new term, because nervous prostration and hysterics are not easily borne by the laity. Many physicians make a grave mistake when they size up a patient and state that there is nothing the matter with him. They may speak the truth in so far as these patients have no organic disease, but functional disturbances in our patients are becoming

of far more importance from the diagnostic and therapeutic standpoint than many of the organic or infectious diseases. There are usually two good things to be said of the latter class of patients, however: they either get well or they die. Our neurasthenic patients seldom do either, to our discredit and our disturbance, mental and professional.

These conditions are not limited to our female patients, for occasionally we see a man affected with as severe an attack of nervous irritability and nervous exhaustibility as any of our women patients.

What has been done *to* these poor unfortunate women, has been more than what has been done *for* them. They have had their kidneys sewed up, their ovaries removed, uterine fixations, with castration, relaxed outlets sewed up, and all the available orifices stretched to the limit. They have been drenched and douched. They have had their spines stretched and their ribs pushed into place, their atlas and their axis manipulated, and the various forms of electricity have all but electrocuted them.

Get to the Bottom of Things

To get at the bottom of this condition, to treat these poor patients as they needs must be treated, we must consider them as individuals lacking in many things. And these things we must be able to supply or supplant. The functional basis of all symptoms arising is an irritable weakness, and the elimination of the irritation and the development of physical strength furnish an absolute foundation on which we can build many cures.

The diagnosis of these conditions may be hard, but the treatment is infinitely harder, because there are three stages in the case that physicians must meet and surmount.

The first is to eliminate from the patient's mind all disease which she believes herself to be the victim of, or rather the physician must gain the absolute confidence of his patients to such a degree that they will believe him when he tells them their condition is entirely a functional disturbance and that all the supposed diseases which they may have had diagnosed by other physicians and been treated for have no organic basis.

The second period is an observation period, trying to find out what in the home-life or surroundings there may be that is acting as an irritant or having to do with the progressive development of the neurasthenic state. Unfortunately, in many cases, there is a degree of conjugal dissatisfaction which leads to jealousy and possibly worse features in the home-life. The quicker that this is found out and thrashed out, the better for all concerned.

Weir Mitchell made his great success in the treatment of these patients because of his ability to find out all the causes that led up to the neurasthenic state. And he was able by his personality to convince the patients of their misconceptions and to eliminate their hallucinations. The question of the necessity of an absolute period of rest or an extended visit away from home and of special sanitarium treatment must be applied to the individual cases.

The third, and the hardest, part of the treatment, and that which physicians have neglected in so many cases, is the fact that the major part of the getting-well must be done by the patient himself or herself. Not only must there be a re-education mentally, to eliminate all pathological suggestions, but there must be a re-education of the entire physical body.

Outdoor exercise is all right so far as it goes, but physical development by special prescribed exercises is an absolute necessity. I have frequently taken patients with pronounced neuralgia in the side from a dropped kidney and in from three to six months have had them, by special exercise, pull the kidney back into place and eliminate the pain entirely. The same with back pains and various reflex disturbances. So also with constipation.

But without the helpful cooperation of the patient little or nothing could be promised. We can tell our patients, if they will give us an hour every day and promise us that they will follow our directions and give us from six months to two years' time, they can get perfectly well. Unfortunately for me, I have had a number of my patients stay with me for that length of time, and they have recovered, but what they have done to me in the time

that they have taken up and the nerves that they have worn out and the patience that they have exhausted has almost rendered me a neurasthenic myself.

Perhaps, as a surgeon, it is strange that I should write a paper on a nervous disease—but as a surgeon I have seen so much more than the irritable ovary or the dropped kidney that I have learned to give nature a chance.

Each patient that comes to us should be given a complete examination, eliminating not only organic but reflex peripheral disturbances. The spine should be carefully gone over, that we may not overlook a possible source of much diagnostic and etiologic value. Hysterogenetic zones should be mapped out, and relief given by manual therapy or manipulation. And last, but not least, we must take into consideration the factor of the internal secretions, about which we are beginning to know considerable.

As the effects of castration and ovariotomy are almost self-evident to any observant person, so is it my belief that the advent of the fountain-syringe has been a potent factor in the production of many of the nervous complaints of our married women, there being undoubtedly something more obtained from the male than the fertilizing elements.

Unfortunately for the profession, it requires only six weeks, in many postgraduate schools, to make a specialist, and yet at the end of twenty years' study and work the conscientious man has but arrived at a time when he should feel that he is possibly competent as a surgeon. Not but what he may have arrived at a degree of manual dexterity and accomplished in technic sooner, but that his experience may have been sufficient for him to have seen the failures that make us hesitate in our recommendations and guarded in our promises.

Sexual Immorality, and Its Significance

A Discussion of Its Physical and Psychic Causes

By ELIZABETH HAMILTON-MUNCIE, M. D., Ph. M., Brooklyn, N. Y.

EDITORIAL NOTE.—This paper has been read by the author before the American Association of Orificial Surgeons, the World's Purity Congress, the New York State Homeopathic Society, and various other scientific and sociologic bodies. It considers a subject of vital interest to the race—one that the author handles in a masterly way.

II

Psychic Causes of Sensuality

AND now to the consideration of psychic causes for sensuality. These may also be classified as both predisposing and exciting. As such we must look to past generations and accumulated inheritance, as well as to the conditions arising out of the young child's environment and his training in and out of his home. To illustrate:

The Wife and the Child

A child is born of parents of a lineage of uncontrolled sexual desires. His conception may take place under conditions of selfish masculine rights, regardless of the wife's emotions in the matter. The latter, therefore, is in a constant mental attitude of silent rebellion. She feels defrauded and humiliated. Her real womanly sexuality is dead, because of the forced slavery, and her whole being rebels against an unwritten but accepted law of *man's superior* privileges and woman's subjection thereto, and her youthful dream of wifehood is buried in a decaying heap of the ashes of love. For these reasons she is not ready for maternity (with her own love-nature misunderstood and defrauded of its rights, how could she be?), and this resultant conception is neither of the will

of man nor of the will of the flesh, but a miserable, disappointing accident.

True to her nobler nature, the wife conforms to the inevitable, and after much unwholesome depth of feeling, which even leads to the questioning of her God and His justice, she silently prepares her heart for her unborn babe. If it be a boy and he inherits his father's temperament, his start in life is against the easy acceptance of high ideals. If a girl, and impressed by her mother's state, she would naturally be one of those sexless women whom every physician pities, or else the extreme reverse, —the uncontrolled, unbalanced woman, whom all deplore.

Surrounding this unfortunate child (the conditions of his conception being of much less consideration than that of the family cat) is an atmosphere (a natural logical outcome in the home of prudery, from one-sided sexual relations, with the usually violent and quickly induced orgasm) that no woman can admire as strong or manly. This mother cannot talk to her child of the beauty of the highest things of life, because to her there is no beauty. About it all, is a miserable secrecy that she, herself, cannot explain; and out of this there arises that false idea of all matters pertaining to sex, while her own mind deteriorates until she can quietly listen to the foul story and even smile over it.

All this is transmitted to the subconsciousness of the child, and he soon acts upon it and seeks to find out from his outside associates what he can; and so is taught at an early age falsity and self-pollution, if not the actual sexual relations.

Now there is added to his inherited erotic sexual nature his subconsciously prepared receptability, and, perhaps, in addition, physical nerve irritation by means of a tight, too long, or adherent foreskin— and in its turn conscious suggestions from the outside world. All this is in turn recorded upon his brain-cells or centers that preside over the sex-function. Their development then becomes out of all proportion to his coordinating will faculties.

Thus this boy arrives at puberty a premature sensualist. His highest nature may rebel as he comes to moments of reasoning, but he hears those vile stories, and rather enjoys them. By his elders he is told the hellish lie of "physical necessity." He is called uninitiated and unmanly until he has had several attacks of gonorrhea. He may struggle for a time against this. However, he has no premise, physical or psychical, upon which to base any other reasoning than that received from his sensual advisors, and if such a one be a physician or his college professor, what hope has the poor boy for escape? He is like a ship without a rudder at the mercy of the wind and waves.

Likewise is the girl under the same condition with her employer or some business associate—he giving her the lie, with his flattering and deceptive propositions of love.

Our young man finally gives himself up completely, wallows in the mire of vice— marries an innocent maid—infects her for life. Perhaps she bears two or three children—when he sends her back to the shelter of her father's home, with the explanation that he cannot support her, while he boasts to his associates that he prefers the thirteen women, that he has at his constant command, to his own wife. This is a real case. You have seen similar ones.

Nothing short of the miracle of the regenerating power of the Christ could now save this man, and that coupled with attention to the physical.

The Treatment of Sensuality

Turning now to the treatment of this malady, sensuality. We have already, in the recital of cases where the victims were cured, touched upon the ground of the physical therapeutics, and will now consider further preventive measures. The suggestions for regulation, sanitation, prohibition, emasculation of the incompetent, and the syphilitic cannot be treated here. We will, therefore, hasten to the consideration of the psychical treatment of its psychical causes.

To carry this matter to its last analysis, we find ourselves face to face with the first causes. To avoid the causes, both physical and psychical, we must again

look to the field of inheritance, and teach our boys and girls the importance of looking well to the families of those to whom their love-nature is called out, and above all things to keep themselves pure.

To begin, then, with the coming generation, is to begin with our boys and girls of today.

Illustrating a Normal Couple and Welcome Child

As illustration: The ideal—the negative of the case of the poor sensualist, but also from life—for a few happy pictures I have found among my young friends who were well born.

The natures of such are even and harmonious; their bodily and mental functions are normal; their ideals are easily lived up to; they are not eccentric or prudish; they enjoy life; they are not suffering from self-imposed burdens. Such a couple are ever hospitable and thoughtful of others, while never tiring of each other's company.

Their children are conceived in ecstatic and noblest mutual desire.

To such a couple is born a baby boy of fine physique. He is a constant joy and delight. His every smile repays a thousandfold for the years of preparation and waiting. He will be taught, with all truth and beauty, the deeper mysteries of life in proportion as his child-mind develops to receive them. He early becomes a power among the boys, who, in turn, subconsciously imitate his very mannerisms. Thus, at an early age, his influence is felt for good.

Between the boy and his parents arises no cloud of subconscious secrecy. He is a part of them in all their desires and plans; and subconsciously he knows this. This fact leads him straight to them, in whom he has perfect fellowship, with all his questions, and he knows the truth will be told him.

Because of this preparation, his higher nature rebels at the filthy tale or wrong impression that comes to his conscious sense from the outside world, and he, consequently, early learns to weigh within himself right from wrong; and he can abide in his own strength and growing manhood until he can find opportunity to confide his question or his secret to his parent.

This boy approaches puberty, prepared for its experiences, and he thanks his Creator for his maturity, while he promises allegiance to his highest and best. He simply rides above the lewd advice that the unfortunately born and untrained boy receives easily. He also knows that the God of nature—in whom he naturally believes—has Himself provided an occasional and unconscious nocturnal emission as a safeguard of manly chastity. Such an occurrence, therefore, does not frighten him, and he is not rushing to the charlatan or to unscrupulous and ignorant physicians for a cure for an imaginary weakness.

This well-born boy also enters his college or business life with a clear eye, erect carriage, and a certainty of mannerism that defies all vile thought of his vice-initiated elders, and he, therefore, escapes even their sensual suggestions. His success in life is insured. In due time he rightly offers himself to the young woman of his choice, and he gives to her and her children purity for purity.

Questions Asked of Fifty Young Men

Some will say, "This is too idealistic." For your benefit, then, as well as to corroborate my position, the following fact is in order.

Before publishing my book, "Four Epochs of Life," I sent fourteen questions to fifty young men in medical college, in business, and in the ministry. These questions were to be answered plainly. That they might feel free to express themselves, no names were to be signed. Every paper, it may be stated, was answered and returned promptly.

The first question was: "At what age did you learn about sex matters, and from whom?"

The answers showed plainly that they were honestly given. It was learned that every boy had been told of self-abuse while in the primary department of grammar school or even before entering the school at all. Before sixteen years of age most of them had received information, from some older boy, of lewd sexual relations.

Thirteen replied (be it said to the credit of the parents) that, while very young, either mother, father or a physician had talked with them and prepared them for what they would meet. Not one of the boys who had been so instructed had indulged in sexual sin, and these, in answer to the question, "Were you ever advised by anyone to indulge in illicit sexual relations?" said "No"—they were never so advised, because their elders and companions knew better, that they knew where they stood. This last expression shows they were real men, not weaklings.

After these answers I can, with all boldness, stand for what I have said and written.

How to Have Children Well Born

This now brings us to the conclusion of this paper; and in this conclusion we are confronted by a great question—one which to most of us is a great problem, and one that must still be left with a question-mark.

We live in a wonderful age. We are still in the transitional stage from the old to the new. He who is called the Christ condemned forever the separate standard of morals for man and woman.

In saying, "Neither do I condemn thee, and the man without sin amongst you cast the first stone," He condemned equally the sin, while he forgave the sinner.

We are now reaching the zenith of a new era thus inaugurated, when we may even demand that our children shall be well born.

But this fact brings with it the problem confronting us: How can children be well born, when seventy to eighty out of one hundred men are said to have been venereally affected? In one college alone 90 percent of its graduates had been treated for veneral diseases. Further, must the syphilitic never marry? Or, if he marry, shall he live a strictly continent life? Or shall he be rendered sterile, and shall his wife, upon mutual consent, receive impregnation from another?

This latter phase of the question is of tremendous proportions, and brings us, in turn, to the field of the legitimately married, and we find them asking, in all sincerity, "How must we live in regard to the sexual relation? It is no longer the question of "How can I avoid pregnancy?" but, "How can we live rightly and give the best to a welcome child?"

What Shall We Tell Young Married Couples?

What, then, shall we tell our young married couples? That they must live a life of total abstinence from all sexual relations until a child is desired? Or, that, in moderation, they may use preventive measures?

Or, shall we teach them that there is a reserve method, which may be occasionally indulged; one that does not admit of the spilling of the semen, and is alike beneficial to both parties?

Or shall we leave them floundering and guessing while, as of old, coming in due time to that exhaustion and disappointment in married life that is so painfully common?

For the further consideration of this last part of my subject, you who are interested and have something to say are invited to my home by letter or in person, at a time that shall be appointed, if you will send me your card.

In preparation of my coming book on this subject, your cooperation is cordially desired.

The confirmed and determined sensualist is not invited.

The physically perverted and mentally distorted, if honest truthseekers, are welcome, although their opinion would be valued by negation.

Conclusion of the Whole Matter

What, then, is the conclusion of the whole matter? Simply this, In all truth, to teach our children how to be good to our prospective grandchildren. That,

"Whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report, if there be any virtue, and if there be any praise, think on these things."

Phantoms of Beauty

A Mexican Medical Idyl

By ROBERT GRAY, M. D., Pichucalco, Chiapas, Mexico

BEAUTY is the ideal and the idolatry of mankind. Even in the cold frigidity of scientific thought there is a lurk for the subtle spell, which intrudes, at times, in the haunts of tropic solitude, the offspring of madness or despair, if untinted with a hue of genius. Such lovely spectre evades, baffles, mocks the zeal that essays to reduce the divine shadow to realistic formality. I have seen it in sleepless vigils amid the pervading gloom of the brooding wing of the Angel of Death. Whence and wherefore comes such fairy guest, unbidden, into a mournful scene, at a moment when the silent night is startled by a frantic wail raised above the dead? I then see, or imagine that I see, an angel of bright light and immaculate beauty hover a moment above the ghastly emaciated form abandoned by that immortal essence of life, and vanish in mocking scorn of the Angel of Death.

This beautiful image is the corner-stone of theologic faith, the spectre of skeptical negation.

The Mystery of Death

It is not much to believe that the soliloquy of Addison's Cato on the immortality of the soul exercises a disquieting influence in most minds that pretend to ignore all belief in immortality, as a creation of credulity. We all know that the upper chamber of the brain is prone to admit and entertain unpleasant guests. It were, however, a welcome prospect to most of us could we feel free of all responsibility because there is no hereafter, as many brilliantly plausible skeptics assure us we may tranquilly do with impunity.

Yet, in this progressive age of suggestive therapy, that enables us to perform miracles outrivalled only by those attributed to the Christ, the props that sustain our skepticism are steadily, if slowly, crumbling to dust. That halo of inspiration hovering about the mysticism of suggestion makes one fear, sometimes, that there is more than mere superstition in the metamorphosis of the sleep and dream of death.

Tangible beauty rarely redeems its ecstatic promises most nearly witnessed in flowers or other perfect culmination of budding nature. Actresses seen on the stage, the acme of a vision of poetic dreaming, when met professionally on the morning after, present a wan and pallid aspect of natural reality that thrills one with an involuntary shudder. How pitiful to see dazzling social queens in the delirium of raging fever. What transformation! What disappointment! All fine etiquette, all dignity of bearing swept aside by the agony of disease!

The charm and spell of ravishing beauty in this torrid enchantment is an attraction beyond and above any dream of icy enthralment—this marvelous magic Mexico. Such flowers, ye gods! worthy to festoon the eternal throne; flowers, as they cluster about the houses and overrun the open spaces, almost stifling the sleeper in the night with their intoxicating perfume, so intense.

This thrilling theme of beauty has conjured up and flung upon this page a shadowy semblance of the abandoned splendor of my own paradise of desolate loveliness, that midnight haunt of weird loneliness that made me the child and slave of Genius.

I am often painfully conscious of the dry and sterile thought in which we all clothe scientific disquisition and reluct to bestow some seldom tiny bouquet of withering blossoms that perchance might in some slight measure beautify the unsightly turn of a mere logical phrase.

There is much occult beauty interwoven with the ghastly commonplace realism of the illustrious noble and ennobling profession that, I humbly acknowledge, adorns my unworthy lonely head. There is no

other possible opportunity so exquisitely beautiful as that of watching a comatose patient returning to the realm of conscious life, brilliantly triumphing over the angel of death.

The Bane of Unreliable Remedies

But no slip-shod methods of practice win such enviable victories with chemical dope, often boosted as reliable standard preparations. And when such worthless trash is under the approving seal of professional ethics, a horrible clash with scientific necessity is inevitable; a painful disappointment in the treatment of pernicious fever, where substances of sterling purity and positive strength are required, if we would conquer.

I do not think the value of a practical knowledge of chemistry and pharmacy can be overestimated; as physicians thus qualified could protect themselves and their patients against such atrocious frauds as *The New York World* recently exposed, frauds that seem too incredible to be possible in a mighty metropolis of a highly civilized country, a land where law is supposed to reign. Naturally, half the premature mortality may reasonably be attributed to worthless medication. I have found forty percent difference in the strength of the tincture of aconite from a gilt-edged manufacturing house in the United States, both samples in the same consignment; and yet greater discrepancies in other substances. It were a waste of words and space to try to indicate to a scientific mind the disastrous consequences liable to supervene in the use of medicine so monstrously unreliable, even when the same practitioner employs either the weaker or stronger package, the one in the wake of the other.

Such shortcomings, ever again repeated, drove me to become a renegade from wonted loyalty to my alma mater and the established practice of medicine. And I have an invincible faith that we yet shall have a perfect chemistry and perfect therapy; for our profession is in the first degree brainy whenever meditatively independent, and is beginning, at last, to march to the music of progress.

The matchless beauty of medical mysticism that will never tarnish is electricity, the spell and charm of whose superlative magic fascinate me beyond any fitting medium of consistency.

An ideal clinician, master of electricity, suggestion, and of active-principle medication, is certainly a beautiful conception, one which gently flings a radiant beam of hopefulness into the gloomy recesses of the sick-room—the crucial ordeal that tests medical talent. The patient who realizes that the hours between himself and eternity are numbered and few is solicitous about what his physician can do then and there; he does not worry about his vaunted diplomas and faultless examinations. The practitioner who snatches such a patient from the jaws of death will be famed far and wide, and never be idle. The graduating school of clinical medicine is the critical practice inseparable from the sick-room, no book nor professor has ever yet inculcated.

My own peculiar isolation, in this secluded spot, socially as well as professionally, have darkly enthralled my life; and work with stern necessities, always in the sickliest districts of the Continent, are features of my experience in this land of the Aztecs that might contain some value for many an American brother, if correctly possessed and understood.

The Ravages Wrought by War and Pestilence

It is passing strange that my accumulating weight of years does not halt the elasticity of my step nor impair the bouyancy of my energy. I left the luxurious comforts of the American Rubber Plantations the end of July (this year), to plunge anew into a native epidemic; and have borne its taxing exactions with unflagging intrepidity.

Those of you who have a tender trait for the woes and sufferings of alien lands meditate a moment along the wake of the backward track to the era of teeming life in this pathetic domain, and gaze in mute imagination on the nameless ruins of that intense humanity, heaped and pent far and wide; then glance a pensive eye over the pictured page of living history

ere you look to stand aghast in presence of the appalling desolation revolution, pestilence, and grasshoppers have wrought in a few fleeting months in this flowery realm of promise, that has never known but little more than a score of years of peaceful prosperity, but which was violently destroyed less than a year ago, under the actuating impulse of personal vanity or insensate patriotism of men too ignorant to realize and understand that unbridled freedom can not be maintained by the masses of this heterogeneous people.

Thirty miles from where I write one hundred and eighty smallpox deaths occurred during the months of June and July in a village so small that sixty percent perished. And the pestilence is slowly but surely spreading to the ranches and plantations; while it has been epidemic in San Juan Bautista, the capitol of Tabasco, for six months, and depopulating smaller places and rural districts. And only just now is terminating a deadly epidemic of pernicious fever I have been busy fighting for two months, while smallpox rages from twelve to thirty miles away in nearly every direction, while the great heat renders all vaccine valueless.

I, fortunately, obtained a supply, in the cool season of February, from a reliable firm in the States, that gave satisfactory results; but other parties later secured vaccine from Mexican distributing points which gave no results. The vaccine is brought down successfully on steamers provided with refrigerating chambers, and it is kept in San Juan in the same way. So, large number of healthy persons were sent there from this district, from whose pus nearly everybody has been vaccinated—a method certainly less secure, nevertheless of some protective merit.

Calcium Sulphide Opposes Smallpox

I have met four suspicious cases in their incipiency—persons thus vaccinated. The signs disappeared in twenty-four hours under treatment with calcium sulphide, and solution of macrotin. I am confident they were all black-pox cases substantially modified by the influence of the humanized vaccine.

So far as I am able to learn there have been no physicians nor is vaccination done to combat the pest in the rural districts and small villages; and the peon element is more difficult to handle in the epidemic of smallpox than that of free negroes in the United States, they making perilous the doctor's visits and being unmanageable when ill with the loathsome disease. I have been through several epidemics with them, when vaccinating them was impossible, save by sheer force; but now they are mostly willing to seek such protection. I shall continue to strive to keep the pest out of here; and fortunately there is a laudable spirit abroad to guard against infection. Still, escape is hardly reasonable.

The grasshoppers now devastating parts of the United States left from here in that direction nine months since, breeding on the way; and there are a hundred times as many winging in that direction nearly every day, while the ground is slippery with the young under the feet, far and wide, leaving no green thing in their wake. Where those in flight descend in order to feed they may be seen six inches deep on the ground.

Your one hope is the nearing winter; but this does not prejudice them here, where there is no hope next year, the fourth successive year since they appeared. The corn escaped in some sections this year, while in others the ground is bare; and the flyers all steer in your direction. Some big plantations have had hundreds of people battling for days at a time to save the corn, thus securing part of crops, in some places. Time to plant beans is near, which now seems useless. Most of the rice was destroyed, and much of the bean crop was last year. You might seek the beauties of nature here in vain, with their phantom shadows flitting in the saddening memory.

What heartless judgment has placed such implacable curse of cumulative relentlessness on this fair and lovely land? Unbidden tears dim my eyes as I thus dwell on the mournful aspect—eyes whose wells were sapped dry by the sorrow of early life!

THERAPEUTIC NOTES

GRAVITATION AS AN AID TO EXPECTORATION

Dr. F. Pollard, of Fresno, California, writes us that he has found that when there is considerable mucus or mucopus to be expelled from the lung, the patient is greatly relieved if he is placed in an inclined position, with the head lower than the rest of the body. This permits the fluid to drain away by gravity. This posture often gives very decided relief. It is worth trying.

MONOBROMATED CAMPHOR

F. C. Werts reports, in *Ellingwood's Therapeutist*, that he finds it good practice to give monobromated camphor to teething children, as it soothes the inflamed nerve-termini and relieves the pain which so often ends in convulsions. This same remedy is also a God-send for cholera infantum, abating the cerebrospinal hyperemia and controlling the reflex symptoms. It likewise stands among the first in all the watery diarrheas, neuralgias, and convulsions incidental to dentition, being a valuable auxiliary to copper arsenite in these conditions. Additional remedies may be necessary to abate the various symptoms, still no single remedy seems to him to cover the field so well as this one.

SODIUM SULPHATES, AND URINARY ACIDITY

L. de Jager (*Zentralbl. f. Biochem. u. Biophys.*, 1912, p. 35) has investigated the influence of calcium and magnesium salts upon the urinary acidity. He found that it is not immaterial whether the bowels are regulated by means of magnesium sulphate or by sodium sulphate, because in the presence of an acidosis the magnesium sulphate may become harmful, while, if the urine is cloudy and alkaline, the latter is to be preferred to the sodium salt. The author found that magnesium sulphate increased the urinary acidity, while magnesium oxide and also sodium sulphate diminished its acidity.

SPARTEINE SULPHATE NOT TOXIC

Julien (*Zentralbl. f. Biochem. u. Biophys.*, 1912, p. 76), in his doctorate dissertation (published in 1911), asserts that sparteine sulphate has no toxic effect when given in therapeutic doses, but that it exerts a somewhat slow action in strengthening the heart's function.

This is in accord with Pettey's observation, that doses of 1 to 2 grains of sparteine may be given every two or three hours, not only without danger, but with decidedly good results. Thus employed, its action resembles the combined action of veratrine and digitalin, increasing the amplitude of the pulse-wave, while stimulating urinary excretion.

INFANTILE SCURVY

Dr. G. B. Morris, of Mount Olive, N. C., writes us that he has been able to get very good results in the treatment of infantile scurvy by giving a teaspoonful every two hours of a mixture containing one ounce of Mulford's predigested beef, and four ounces of Welch's grape juice. But this may be used as the exclusive food for only a limited time.

CAMPHOR AND PNEUMONIA

In *The Medical Record* for April 20, Dr. August Seibert reports recent results of his with large doses of 20-percent camphorated oil, injected hypodermically in cases of pneumonia. He contributed an article upon this subject a little more than two years ago. [Compare the note on the use of this agent in peritonitis, on page 630, June number.]

By the hypodermic injection of 12 Cc. of a 20-percent camphorated oil, Dr. Seibert has succeeded in obtaining gradual improvement in the condition of his patients, and recovery followed by the fourth day, without crisis. The alveolar exudate in the lung did not disappear until the tenth day after the chill. The absence of crisis was noted in every instance, and the toxemia invariably disappeared gradually.

In 37 cases of pneumonia treated by the author's method, he had but one death, and this occurred in a man sixty years of age, weighing 200 pounds, and who had fatty heart; he was attacked by pneumococcic invasion of both lower lobes, and presented marked toxemia, and copious bloody sputa. He died of pulmonary edema due to insufficient heart force.

Experimentally, it was found that camphor, in the proportion of 1 : 10,000, added to the usual culture-media, inhibits the growth of pneumococci, and it was, further, determined that 1 Cc. of 20-percent camphorated oil, given hypodermically to rabbits and repeated every twelve hours after a fatal dose of pneumococcus emulsion had been injected intravenously, inhibits the fatal outcome, only one animal out of six succumbing to the infection. Further animal-experiments produced the result that, in 17 out of 20 animals inoculated with a fatal dose of pneumococcic emulsion, death was

retarded from two to five days, by camphorated oil, in 8, and entirely prevented in 9. The other 3 animals had received such an excessive amount of pneumococcic broth that they can not be included in this experiment.

The author believes that his clinical and experimental experiences with camphor have established the following facts:

1. That 10 Cc. of a 30-percent camphorated oil (equal to 36 grains of pure camphor), injected, hypodermically, for each 100 pounds of human body-weight every eight to twelve hours, does not produce symptoms of poisoning, in fact, is harmless;
2. That much larger doses (as to the body-weight) in rabbits are equally well-borne;
3. That these quantities of camphor materially assist in overcoming pneumococcic toxemia;
4. That the earlier this treatment is resorted to, the better the results.

COMPARATIVE ACTION OF MORPHINE AND OF OPIUM UPON THE INTESTINES

Popper (*Zentralbl. f. Biochem. u. Biophys.*, 1912, p. 76) found, experimentally, that morphine increases the tone of the circular as well as the longitudinal muscular fibers in the intestines, both the small and the large, while opium (and also pantopon) increases the tone only of the *circular* muscular fibers, while diminishing that of the longitudinal muscular fibers.

NUCLEIN IN SCARLET-FEVER

Writing in *Russkii Vrach* for March 3, 1912, M. G. Molykoff tells how he treated altogether 90 cases of scarlet-fever, with sodium nucleniate, which was given hypodermically. Seven of these patients reached the hospital on the second day of the disease. Nuclein was administered, and the injection caused increased leukocytosis, and, as a result, the temperature dropped to normal in from one to three days, the disease apparently being aborted in this group. None of these children died.

To another group belonged children who reached the hospital on the third to the sixth day of the attack. While the nuclein did not abort the scarlet-fever in these cases, yet the mortality was lower in the 71 members of the group than is usually the case in Russia. Three children of this group died, 2 from phlegmonous inflammation of the neck and 1 from cardiac failure.

The third group comprised those who reached the hospital late in the disease. These were few in number and no favorable or unfavorable effect followed the administration of the sodium nucleinate.

Molykoff's experience certainly demonstrates the value of beginning the treatment with nuclein early in attacks of scarlet-fever and other contagious diseases. It undoubtedly helps to cut short the course of the disease. Other indicated remedies should be employed, of course, special attention being given to the toilet of the alimentary canal, the care of the skin and throat, and the reduction of hyperthermia.

THE TREATMENT OF TETANUS WITH MAGNESIUM SULPHATE

Dr. George Parker, in *The Journal of the American Medical Association* for June 8, reports three cases of tetanus that were treated successfully with subcutaneous injections of a 25-percent solution of magnesium sulphate (C. P.), from 4 to 10 drams being injected, and repeated as necessary.

The treatment of tetanus with magnesium-sulphate solution has proven more and more successful, and it should be remembered by the physician, because it is very easy to prepare a sterilized solution of this remedy and to administer it in suitable doses. The prompt relaxation resulting in Dr. Parker's cases after the injection shows that magnesium sulphate is of value in tetanus.

The author points out that the drug has no specific action, but, by quieting the muscular excitement, it permits the patient to obtain more rest and to take food, thus tiding him over the critical period while his body is manufacturing its own antitoxin.

PHARMACOLOGY AND THERAPEUTICS OF LECITHIN

Clinical experiments show, says *The Lancet* (see *Pharmaceutical Journal*), that lecithin is a valuable drug in anemia and debility. It probably acts as a metabolic stimulant, since it is hardly possible that a small amount of extra nitrogen and phosphorus administered in doses of a few grains daily can act as a tissue former to any substantial degree. Its beneficial effect on the nervous system is secondary to improvement in the general condition, and not because lecithin is a "brain-food." Its most striking effect is seen in the blood. The red corpuscles, white corpuscles (especially the lymphocytes), and the hemoglobin percentage are all increased, as shown by experiments on rabbits.

BACTERICIDAL POWER OF COMMON SUBSTANCES

Dr. Bitter reported, in the *Zeitschrift fuer Hygiene* (*Wien. Med. Woch.*, 1912, No. 17, col. 1150), the results of his extensive investigations concerning the destruction of bacteria by the most important metals and building materials. He found that copper and brass have the greatest bactericidal power; zinc and tin the least. Dry microorganisms are more resistant than moist, but it appears to be a matter of indifference whether the metals are polished or oxidized. Floor-paints made with linseed oil exert a bactericidal action for a short time, but the bactericidal action of linoleum is protracted. Bacteria perish more rapidly on smooth than on rough surfaces. Glass and quartz also have a bactericidal action, but wood offers better living conditions for bacteria. Finally, Bitter mentions that anthrax-spores that have been

dried on silk threads have preserved their virulence for as long as twenty-eight years.

Of all the metals, copper seems to be the most powerfully bactericidal in dilute solution. If you have not already done so, read Dr. Cummins' paper in the last number of CLINICAL MEDICINE, page 717. Copper sulphocarbolate is shown to be effective both as a curative and as a prophylactic agent in all intestinal affections, including typhoid fever and cholera. Dr. Cummins' report is really astounding. It has been suggested that this remedy might prove useful in the treatment of typhoid-carriers. A solution is worthy a trial as a local wash or spray in diphtheria. It is now available in 1-64-grain granules.

MONOBROMATED CAMPHOR IN CHOLERA INFANTUM

Monobromated camphor is a God-send in cholera infantum, according to E. Carlos Werts, in *Ellingwood's Therapeutist*, saying that it abates the cerebrospinal hyperemia, relieves irritation, controls the reflex symptoms, and actually saves the patient's life. He contends that this remedy stands at the front in all watery diarrheas, neuralgias, and convulsions induced by dentition. It has a most valuable auxiliary, however, in copper arsenite. [Copper sulphocarbolate, 1-64 grain every two or three hours, will be found one of the very best remedies in all intestinal infections.—ED.]

In fully developed cases of cholera infantum, almost in the stage of collapse, with great emaciation, shrunken and pinched features, cold extremities, involuntary watery discharges, and so on, monobromated camphor will bring about reaction in most instances and will stay the serous flood, control the irritable stomach, quiet nervous action, and give a renewal of life.

HYOSCINE IN THE TREATMENT OF DRUG-ADDICTION

Dr. T. J. Daniel has an interesting little article on the treatment of the drug-habit, in *The Eclectic Medical Journal* for May. As is well known, his standby in morphine-addiction is hyoscine, but he never administers the remedy until he has established thorough elimination, or, in other words, until he gets the liver, kidneys, and skin to perform their functions properly.

To secure elimination, Dr. Daniel sometimes uses the following combination: Leptandrin, 2 grains; podophyllin, 1-6 grain; calomel, 1 grain; strychnine, 1-60 grain; to be taken in a capsule. One of these capsules is given every hour until the bowels move thoroughly.

While the purgative capsules are being taken, the patients get about half as much morphine as they are accustomed to taking; and, after the bowels have begun to move, they are made to go along just as long as possible without anything. When they can not bear it any longer, they receive a dose of hyoscine hydrobromide (in one case described, 1-200 grain), which is repeated if necessary. For the restlessness, Daniel prescribes avena sativa, 20 drops, and passiflora incarnata, 1 dram, in hot water, every two or three hours; with, perhaps, a teaspoonful of Jamaica dogwood. [The "specifics" of Electics are referred to by the author.—ED.]

Dr. Daniel warns against keeping the patients under the influence of hyoscine too long, and repeats that it should never be given until the liver and excretory organs are in good working order. The duration of the treatment usually is only about ten days, more or less.

THE TREATMENT OF OXYURIS VERMICULARIS

The *Province Médicale* quotes Joedicke to the effect that the daily ingestion of several teaspoonfuls of water in which sauerkraut has been boiled provokes the expulsion of large amounts of oxyuria with the feces. Colon flushings of salt water are also of use and should be given in the evening.

It is indispensable to wash the region of the anus carefully after each defecation, and then to apply mercurial ointment. Further, the hands must be scrubbed with a brush, being especially careful to clean the nails, after each anal toilet, in order to prevent carrying eggs of the parasite to the mouth by the hands. We might add that this local treatment should be supplemented by giving santonin and thoroughly flushing the bowel with calomel, followed by a saline laxative.

ENORMOUS DOSAGE OF PHENOLPHTHALEIN IN INTESTINAL OBSTRUCTION

Dr. P. H. Markley reports an interesting case of intestinal obstruction, accompanied by entire atony of the intestinal tract, which was relieved by the enormous dose of 1 dram of phenolphthalein combined with 10 grains of calomel. Before this combination was given, the entire list of cathartics had been exhausted without result.

The thought of giving phenolphthalein was suggested by the physiologic action of the drug—that of increasing the glandular activity of the intestinal tract and thereby stimulating the intestinal secretions; and that, hence, phenolphthalein does not depend for its action upon increased peristalsis as do all other cathartics. Nor was the addition of calomel altogether empirical, the author claims; for, bearing in mind the well-known stimulant action of calomel on the duodenum, he hoped thereby to divert the flow of bile from its abnormal course, in order to obtain its beneficial action upon the intestinal tract.

The remedies, suspended in about 6 ounces of equal parts of mucilage and water, were introduced, after the stomach had been thoroughly washed out. The bowels moved at the end of about twenty-four hours, and the patient, whose condition had been very serious, recovered.

GLEANINGS from FOREIGN FIELDS

TRANSLATED BY E. M. EPSTEIN, M. D.

Aloin, a Physiological and Clinical Study

ALOIN is the active principle of several species of the genus Aloe.

The varieties of aloes used in medicine, especially in France, are the socotrine, that of Barbadoes, of Jamaica, and of South Africa (Cape aloes). Veterinary physicians use particularly the socalled hepatic aloes and the horse-, or fetid, aloes. The crude drug is being more and more abandoned and aloin substituted in its place.

Schmidt and Garrod have established the fact that that which acts in aloes is the soluble principle aloin in it and that the insoluble resin of the aloe plant possesses almost no activity at all. The activity of aloin, according to Schmidt, is four or five times more energetic than that of aloes itself.

Aloin occurs in the form of small colorless or slightly yellowish crystals, is of a sweetish-bitter taste, leaves in the mouth a considerably disagreeable nauseous sensation. It is little soluble in cold water, more so in alcohol, and still more in ether and alkaline solutions. In boiling water it dissolves easily, but is partially converted into aloetin; which, however, is only an amorphous modification of aloin. The formula of aloin is $C_{17}H_{18}O_7$.

Introduced into the stomach, aloin acts almost like a bitters, increasing the secretions and developing the appetite. Arriving in the intestines, aloin produces purgative effects, with the characteristic of producing a great amount of bile. Aloin passes into the blood and the liquid secretions of the body before it manifests its activity. It is a fact that the mother's milk acquires purgative properties after the ingestion of aloin.

The elimination of aloin being principally by way of the liver, the augmentation of secretion of the bile, therefore, is characteristic of aloin as a purgative.

The effects of aloin and also those of aloes, as purgatives, manifest themselves rather tardily This fact demonstrates that this drug does not act until after it has first been absorbed into the system and begins to be eliminated. And this elimination being principally by the way of the liver, the action of this medicament on this organ shows itself by an abundant secretion of bile which, arriving in the intestine, produces there a purgative action proper to the bile alone, but aided by the special irritant action of the aloin. This effect is accompanied by a very notable congestion and irritation of the lower portion of the large intestine down to the anal orifice.

The necessary absorption of aloin by and its passage through the parenchyma of the liver—a fact demonstrated by Vedikind—explains well the abundant flow of bile, the same as we have seen it do as an amarum in exciting the gastric secretion and, in a general way, of whatever organ it passes through. This physiologic phenomenon is, therefore, no more peculiar to aloin than it is to other substances which produce glandular hypersecretion.

Disencumbered of the inactive principles which modify and impede the activity of aloes, the free active principle aloin merits in all respects the confidence which it always engendered, and will continue to do so; and it will remain as one of the valuable agents of the modern practician, who will possess in it an efficacious and a very real and constant medicament.

The action of aloin on the stomach as an aperient and stomachic makes it valuable especially in cases of anorexia associated with atonic dyspepsia and habitual constipation due to an insufficient secretion of bile. Quassin or strychnine also, according to indication, may, in such cases, be happily combined with pure bitters and the special action of the aloin.

Besides its action as an aperient, aloin will be usefully employed whenever there is need of activating the secretion of the bile either for the purpose of decongesting the liver and activating its function or to stimulate its vitality.

This action of aloin on the biliary secretion may be equally utilized to favor the evacuation of biliary calculi, and we believe also that, managed with prudence and skill, aloin may be utilized even in certain forms of hepatitis and to facilitate the evacuation of the bile, the stasis of which might at times induce serious disease. Aloin, therefore, may advantageously support the action of boldine.

Next to its action on the stomach and liver, aloin is a preferable purgative in a great number of cases of a special nature. In individuals of torpid habits, in whom the digestive mucosa is sluggish and the muscular tunic of the intestine atonic, aloin would be of incontestable utility.

As a vermifuge, in the case of ascarides and oxyures, aloin may be very useful as a purgative;

but in this latter case the remedy will have to be combined with the use of enemas of the same drug.

Hypersecretion of bile and mucus, together with the congestion which aloin produces in the rectum, may help to decongest some other organ or even cure a catarrhal flux elsewhere. So in the various congestions of the head or lungs, or when apoplexy is menacing, aloin would be a medicament of incomparable utility, while often also completing a cure. Persons affected with habitually bleeding hemorrhoids, the flow of which became suppressed, may be relieved by aloin, in reestablishing the flow and so avert serious results that may rapidly manifest themselves elsewhere. These congestions manifest themselves in other organs when the suppressed hemorrhoidal flow was caused by some sudden accident and not by a methodic treatment directed against the flow.

Aloin alone would not be able to produce hemorhoids, but there must be a special organic disposition for them, as Trousseau and Pedoux have pointed out. But with that special disposition of the inferior mesenteric vein and a repeated use of aloin, this tendency may become accentuated, produce a large varix and, for a therapeutic purpose, bring about a hemorrhoidal flow.

We must not forget the action which aloin exercises on the genitals, so that in certain cases we may make use of it, and avoid using it when it is contraindicated. In women who are predisposed to uterine hemorrhage or in persons who are afflicted with hemorrhoids which are easily bleeding, aloin must be avoided, and generally also in all cases where congestion or determination of blood to the pelvic organs must be avoided.

Aloin is a valuable and efficacious instrument for local congestion and distant decongestion, of revulsion and derivation; while besides for its purgative and cholagog action aloin can be put to good purpose in a number of conditions, according to its properties.

As a purgative for a prolonged use, aloin is preferable to all other purgatives, presenting as it does the advantage of not disturbing the digestion, but rather favoring it, when administered in small doses. It is, moreover, unnecessary to raise the dose for a long time in the prolonged use of aloin the same dose maintaining its activity. It is far from dulling the sensibility of the economy by prolonged use of it, and rather increases it, so that it becomes necessary gradually to diminish the purgative dose. These advantages of aloes make it the preferable purgative in chronic constipation.

The congestive action of aloin on the pelvic organs—as indicated by cephalalgia and the sensation of oppression in the epigastrium, and so on, which follows a brisk suppression of a habitual discharge of blood, as for instance that of hemorrhoids—as well as the hyperemic action of aloin on the small pelivs, makes it a useful derivative in cases of a tendency of a flow of blood toward the head or lungs. So, too, it is a good emmenagog.

The results by which the action of aloin is characterized are hypersecretion of the glands of the entire digestive tract, increase of biliary secretion and stimulation of the muscular coat of the intestines. Add to these the irritant and congestive actions of aloin on the lower portion of the intestine and on the pelvic organs, and it is easy then to deduce its therapeutic indication.

Thanks to the physiologic properties which we have just recounted, aloin offers itself first of all as a very efficacious laxative whenever defecatory difficulties are the results of a general torpid state of the patient or of his or her digestive tract in particular, or also whenever those difficulties are owing to an insufficiency of biliary or intestinal secretions. Lastly, any time that constipation is caused by inactivity of the mucous glands of the rectum, so that the hardened fecal mass, in its passage, is insufficiently lubricated and left remaining for a more or less prolonged period in the rectal ampule and thus becomes a plug the expulsion of which is difficult and painful, then aloin acts very efficaciously by stimulating the secretions of that region, and these then act against the obstruction.

Aloin, therefore, presents itself to the practician with therapeutic properties which should make it considered as a preferable laxative of value and efficacy in very numerous circumstances.

But the properties which make of aloin a laxative in moderate doses, can easily, by augmenting its dose, be utilized to make of it a strong purgative whose energy is proportionate to the size of the dose, according as the physician may think best to prescribe under existing circumstances, whether it be to deobstruct a liver, or to decongest some visceral organ, or to decongest the brain. With a methodic scale of progressive doses, it is possible to graduate the effects of aloin from a light laxative action up to a violent purgative with a congestion of the organs in the small pelvis and the inferior portion of the large intestine. Aloin is, therefore, at the same time, an energetic purgative and a powerful derivative, owing to its special action on the large intestine.

The indication for prescribing aloin evidently is to be found whenever the physician has to deal with sluggish digestive organs, with hepatic or intestinal insufficiency or a badly functioning colon.

In atonic dyspepsia and other similar conditions, if we associate quassin with the aloin, we may be certain of waking up the appetite at the same time that the intestinal functions become regulated.

The decongestive action of aloin on the organs of the small pelvis makes its employment suitable in certain cases of amenorrhea and dysmenorrhea, and in certain cases of sterility from atony of the genital organs. The action of aloin is, therefore, antagonistic to that of hydrastine in all cases which concern the genital apparatus, and it may be an adjuvant to apiolin.

The laxative dose of aloin will be found between one and two dosimetric granules (4 to 8 centigrams, or 2-3 to 3-4 grains), and the purgative dose will be from three or five of the same granules.

When for good reasons it becomes necessary to pass beyond these doses in order to obtain consid-

erably greater effects, we must get there gradually only and after having ascertained the insufficiency of the lower doses and the tolerance of the larger ones.—*Revue Thérapeutique des Alcaloides*, April, 1912, p. 2529.

IODINE IN OBSTETRICS

Dr. Paul Charrier expounded recently, in a thesis, the excellent results obtained in the service of Dr. Bonnaire (a famous contemporary French obstetrician) from the use of iodine at the first appearance of puerperal infection and even when the infection had already gained a serious stage.

Tarnier is the first author who studied the effects of iodine in puerperal infection, and, in his work on antiseptics in the practice of obstetrics, he recommends a solution of iodine which has become known as Tarnier's solution (liqueur de Tarnier), and of which accoucheurs are making constant use. The formula for this solution is: Iodine, 3 Grams (grs. 45); potassium iodide, 6 Grams (grs. 90); boiled water, 1 liter (ozs. 32). This solution contains a relatively small quantity of iodine, and yet it is active in low-grade infections, owing to the very powerful properties of the iodine.

Iodine is in fact intensely diffusible, and volatilizes very rapidly in the uterine cavity, penetrating intimately and profoundly into its tissues. Iodine, in the form of the tincture, seems always to be highly beneficial, and its applications in obstetrics are many. First of all it is a preoperative antiseptic in such operations as symphyseotomy, perineorrhaphy, and so on. But most favorably is its action seen when it is used as a preventive.

Here is an example of how Dr. Bonnair makes use of it. A woman is brought into his service with a miscarriage uncompleted. After trying the usual method to prevent the miscarriage, since the symptoms continue and the temperature does not rise, delivery is allowed to proceed spontaneously. If the delivery is incomplete, then the uterine cavity is cleared out by what in French is called a "*pince-mouchette de Bonnaire*," or else by digital curettage. Then immediately a sterilized compress [properly, a "pledget of sterilized cotton] is taken up with a uterine dressing-forceps and moistened with tincture of iodine, and while the vaginal cavity is kept wide open and the uterine neck pulled down and held with a vulsellum, the iodine pledget is introduced into the cavity of the uterus and pushed in until the fundus is felt by the operator, when he touches alternately the two sides of the uterus and its two cornua. Quite as fully the same iodine treatment is indicated as a preventive in the case of artificial (instrumental) delivery.

Another indication for the preventive iodine treatment is when there is a delivery at term, but the child has died in the womb some days before. In a case like this, secondary fermentation ensues and anaerobic bacteria develop, of which the fetid amniotic liquor is proof. Further, there is the delivery before term of a macerated fetus. The delivery in such cases is bad, and the fetuses are nearly always congenitally syphilitic.

Up to now we have referred to the iodine treatment as a preventive. But the same treatment also furnishes the best results in puerperal infection, whether localized or general. In the first case, when a curetment is intended, then a quarter of an hour before the operation the uterine cavity is painted over with a strong solution of iodine, which can be done with a pledget of cotton held by a uterine dressing forceps and dipped in the solution of iodine; this to be repeated two or three times, but always with greatest care.

In order to produce by the curettement the least possible traumatism, Dr. Bonnair uses his "*pince-mouchette*," which detaches the debris adhering to the endometrium, but does not scrape the uterine surface, and he avoids opening the uterine sinuses; thus getting the best chances for success.

Finally, when there is fear of the appearance of a general puerperal infection, the painting over of the uterine cavity with iodine solution may prevent that complication.—*La Quinzaine Thérapeutique*, 1912, p. 563.

ZOOPHAGUS INSIDIANS

By the above name, which means "insidious animal eater," Sommerstorff designates a certain fungus belonging to the Phycomycetes, the same having been observed in a puddle near Gratwein, in Styria, in a basin of the botanic garden, Austria. According to the report of Matonschek, rotifra will remain hanging on the short filiform cells of the mother-fungus. They beat violently with the tail, but remain motionless when they cannot liberate themselves. The short filiform cell grows very rapidly through the mouth-opening into the interior of the animal. There a sucking organ, consisting of ramifying tubes, develops, and this brings about the absorption of the host's body. First there appear little oily drops in the captured animal, and these soon exhibit the Brownian (molecular) movements. The absorbed nutritive material promotes the growth of the long filiform cells. When larger rotifera (salpina) are caught, then the tubules growing through the animals assume peculiar forms, which may be presumed to denote a process of reproduction.—*Berliner Tageblatt*, in *Pharm. Zentralh.*, 1912, p. 489.

DIFFERENCE IN TOXICITY OF METHYL-ALCOHOL ON DIFFERENT INDIVIDUALS

Dr. Rudolph Foester explains the fact, that different individuals are not affected alike by the same brand of methyl-alcohol, by saying that persons who move briskly, who perspire readily, who are at least much in the open air, get rid of the poisonous agent more effectively and sooner than those who remain quiet and perhaps drunk at the same time.—*Muench. Med. Wochensch.*, 1912, in *Pharmaz. Zentralh.*, 1912, p. 491.

MISCELLANEOUS ARTICLES

Post-Graduate Course in Ravenswood

WE are arranging for a purely therapeutic post-graduate course about three weeks in duration, to be given (perhaps) in Ravenswood the latter part of September or the first of October. Whether this course shall be given or not will depend upon the number who will positively assure us of their desire to attend. As a result of my editorial announcement in the July number, about twenty have signified their interest in the course, and probably most of these will arrange to be present. To make such a course a success, we should have at least twenty-five physician-students, and fifty would be better. The full details of the course will be given later, but the following provisional program is submitted:

The Science of Immunity in its Relation to Therapy—Dr. H. J. Achard. A course of lectures, explaining the principles of immunity, as presented by Metchnikoff, Ehrlich, Wright, and others.

Diagnostic Laboratory Interpretation—Dr. J. Favil Biehn. Lectures on laboratory findings. Dr. Biehn will explain in detail the significance of the normal and abnormal constituents of urine, feces, blood, and sputum, from the standpoint of practical medicine. This course will be supplemented by one of practical laboratory work for those who may desire it.

Therapeutic Interpretation of Laboratory Findings—Dr. George H. Candler. This course will be correlated with the preceding. Given certain definite findings, the physician desires to know how to meet the indications presented with proper remedies. This, Dr. Candler will explain, using actual laboratory records as a means of instruction.

Therapeutic Principles—Dr. Wm. F. Waugh. Professor Waugh will outline the simpler but often overlooked therapeutic principles, such as "The Treatment of Fever," "Intestinal Autointoxication," "Systemic Autointoxication," "Vascular Equilibrium," and so on.

Active-Principles Materia Medica—Dr. H. H. Redfield. The most important alkaloids and active principles, their mode of action, and clinical application, aconitine, gelseminine, digitalin, bryonin, among these, will be exhaustively discussed.

Business Methods for the Therapeutist—Dr. W. C. Abbott. Practical help in the financial end of our art. Dr. Abbott will discuss the physician's medicine-chest, the office and its equipment, dispensing and prescribing, charges and collections.

Clinical Problems—Dr. George F. Butler. A series of talks upon common and uncommon clinical syndromes. These talks will be inspired, as far as possible, by the needs of those present. There will be opportunity for general discussion.

Serums and Vaccine—Dr. J. Favil Biehn. The mode of action, the therapeutic application and the clinical results attending the use of this large and increasingly popular class of preparations will be given consideration. Illustrated by observation of the methods employed in the Biologic Department of The Abbott Alkaloidal Company.

Physical Therapy.—Instructor to be named. An explanation in de il of the common physical therapeutic methods, incl ding hydrotherapy, massage and physical movements.

Prophylactic Medicine—Dr. George B. Lake. A series of talks on sanitation and hygiene with special reference to the requirements of the country practitioner. There will also be an exposition of the methods employed in immunization in typhoid fever and other diseases.

Everyday Obstetrics—Dr. William Rittenhouse. Modern methods of handling the pregnant and parturient woman, including the management of normal and abnormal labor, and the ordinary obstetric operations.

A Laboratory Course—For those desiring this work we shall provide a course in urinalysis and examination of blood, sputum and secretions. This will be in charge of Dr. Biehn and his assistants.

Clinics—We expect to arrange for a daily clinic. In addition to our own clinical work, we shall so arrange our work that half of each day will be left

free for attendance upon the clinics of Chicago hospitals. Data regarding these clinics will be provided.

There will also be talks on dietetics, upon surgical therapeutics, upon therapeutic and diagnostic technic, upon business and library systems, upon electrotherapy, and upon other topics of interest to the general practitioner, as we can arrange them.

This is not a financial scheme, but to defray the actual expense of the course we shall be forced to charge a small fee. This will not exceed $25 for each physician, with probably an additional charge of $5 for those taking the laboratory course.

Upon request we will arrange for boarding and rooming places in Ravenswood for those in attendance. Comfortable accommodations can be provided at moderate prices, probably ranging from $7 to $10 a week for room and board.

I must ask again that those who are interested in this course and who feel that they can attend will notify me *at once*. Everything depends upon how many respond.

W. C. Abbott.

Ravenswood Station, Chicago.

VACCINES, AND THE COMMON COLD

Dr. Campbell Laidlaw discusses, in *The Public Health Journal* for April, the relation of bacteria to the common cold, and its etiologic treatment by vaccines. He is convinced that vaccines have a place in this connection, not merely as therapeutic and immunizing agents, but also as a means of further introduction to the possibilities in store for a broader and closer laboratory study of public-health matters.

In a series of cases of the common cold recently observed he found that, during the incipient stage, cultures from the secretion showed generally a variety of organisms, none of which seemed to be present in abundance or to grow luxuriantly; in some instances only one or two kinds of organisms grew in culture. With the continuance of the pathologic process there became evident a tendency toward diminution in the number of kinds; while, with the return to normal, the bacteria which had been abundantly present showed both a tendency to disappear from the secretions and a disinclination to proliferate rapidly on culture-media.

The organisms which appeared to flourish at the expense of others were, in most cases, the pneumococcus, the streptococcus, the micrococcus catarrhalis, the influenza bacillus, and the bacillus mucosus capsulatus. Vaccines prepared from growths of the organisms, which seemed prone to flourish, produced beneficent reactions in the patients inoculated with them, particularly in the early and late stages of the trouble. In certain mild tuberculous cases, tuberculin, either alone or in combination with bacterial toxins associated with the process, produced good effects. In two cases of severe cold of acute onset, where pneumococci were plentiful in the expectoration and where exposure to direct infection along with characteristic signs aroused fear of impending pneumonia, speedy resolution supervened upon large doses of pneumococcus vaccine.

DIABETES MELLITUS: A PERSONAL EXPERIENCE

The query in the May issue of The Clinic (p. 564) brings to my mind a case about which I had intended writing before but always postponed.

In the fall of 1909, one of my patrons was taken down with pernicious malaria and was in bed three weeks, and almost immediately afterward he had dysentery. After recovery he took a trip from home in order to recuperate, and he regained strength and flesh very rapidly, his weight increased from 130 pounds to 162 in five weeks.

However, returning to work in December, he began to notice the necessity of arising twice or three times every night to void urine, which was considerable each time. The institution of tests of the urine disclosed a specific gravity of 1050 and sugar 2 1-2 percent. His gums now receded rapidly from the teeth. Nervous irritability and sexual impotence were marked, while a rapid decrease in weight also took place. The patient commenced immediately to diet, cut out all starch and sugar-producing food, and I gave him gold and arsenic bromide solution, nuclein solution, and lecithin. After one month of this treatment, tests of the urine gave almost identical results as in the beginning. A careful examination of the feces showed a great amount of half-digested food.

In the latter part of January he had a hemorrhage from the right lung, the blood coming from the seat of an old localized pleuropneumonia (of 1897). The hemorrhage recurred in the first week in February. This reduced his weight again to 130 pounds.

On finding the undigested food in the feces, and also strings of mucus, I started in with pancreatin, given one and one-half hours after meals, in conjunction with 10 grains of sodium bicarbonate in solution. I further ordered him to take an enema of pure hot water at bed-time; also kept up the gold and arsenic bromide, besides the nuclein solution and lecithin. By March 15, sugar in the urine had diminished to 1 1-2 percent and his weight had gone up to 140 pounds. This treatment I continued till May 15, when the urine showed 1 1-2 percent sugar and the stools were normal, when I ceased with the pancreatin and the enemas.

On July 1 there was no sugar in the urine and the specific gravity was normal. The patient weighed 148 pounds. I continued the gold and arsenic bromide, nuclein solution, and lecithin until recovery seemed complete. Gradually the man began to eat sugar and starchy foods, with no return of sugar in the urine. By January 1911 he weighed 175 pounds. At present there is no return of infirmity; his weight is 180 pounds.

I, myself, was the patient.

I could go into further and more minute details, as I know whereof I speak, also into the why-fors,

However, any good alkaloidal physician should know these things.

F. D. Green.

San Blas, Sinaloa, Mex.

THE PREVENTION OF TUBERCULOSIS

When the communication of Dr. von Ruck (see Clinical Medicine for June) to the Chicago Medical Society relative to his method for prophylactic immunization against tuberculosis appeared in *The Journal of the American Medical Association* for May 18, the Associated Press sent out reports of this communication, and many of the papers which printed this bit of news also reported interviews with more or less prominent men in which the latter voiced their opinions upon Dr. von Ruck's discovery.

It is rather amusing to read some of the opinions that have been published in different newspapers throughout the country. These opinions do not throw a very flattering light upon the scientific acumen of the men who are quoted, to say nothing of the manifest jealousy and *nil admirari* attitude of some of them. I need not speak of the nasty slur cast by *Life* upon Dr. von Ruck's work, because, however powerful for evil *Life* has shown itself to be in its absurd fight against animal experimentation, the animus responsible for its scurrilous attacks is too well known to merit consideration.

But I do want to characterize the opinions expressed by various men, who ought to know better, as puerile, silly, and, in fact, in many cases as betraying their ignorance of the principles involved.

The objection has been made to Dr. von Ruck's report that he had not done enough experimental work and that the time spent in his research was too short to permit of any conclusions concerning results. The men who make this criticism evidently do not realize the actual point at issue. It is not a question of a curative remedy which is administered to tuberculous or consumptive patients for the purpose of curing their disease; it is a remedy intended to protect nontuberculous or at least nonconsumptive persons from disease, even should they be infected; that is, the remedy is intended to produce the same degree of specific resistance against the pathogenic action of tubercle bacilli that is enjoyed by the majority of people, i. e., by those who do not become consumptive although they are frequently exposed to tuberculous infection.

It is true that the efficiency of such a method cannot be shown in the same manner in which the efficiency of vaccination against smallpox can be demonstrated. It is very easy to prove the latter, because persons who have been vaccinated successfully have been shown not to acquire smallpox, even though exposed to the infection. And since, among unvaccinated persons, after ordinary exposure to infection, smallpox breaks out in a very brief time, the merits of the prophylactic immunization against smallpox are very evident.

Otherwise, in the means for prophylactic immunization against tuberculosis, the efficiency of such a remedy cannot be demonstrated clinically in less than a life time, because it would have to be shown that nontuberculous, or at least nonconsumptive persons who have submitted to this treatment, do not acquire the disease, even if they live in conditions that ordinarily would favor its development. But through the investigations of the last years it has become possible to demonstrate the existence of an immunity by other means than by the negative one of the immunized persons not yielding to infection.

As is well known, immunization means that certain substances develop in the blood which are inimical to the development of the bacteria and of the bacterial toxins, and that the development of these immune substances is responsible for the resistance of the immunized organism to the disease. It is possible to demonstrate not only the presence of these immune substances but also the degree in which they are present, and some tuberculosis physicians control the treatment of their tuberculous and consumptive patients by the progress which the blood-serum of the patient makes in the acquirement and development of immune substances. Since it could be shown that in all cases (speaking of the children immunized by Dr. von Ruck) the blood was found to contain an amount of immune substances that was sufficient to counteract any infection, while these substances had been absent or had been present only in insufficient amounts before treatment, the conclusion is justified that these children were immunized effectively.

The only additional proof that could have been afforded (but which is impossible) would have been to treat the children in the same way as the rabbits were treated; that is, to immunize them, then to inoculate them with tubercle bacilli, and after a lapse of a certain time to make the autopsy in order to determine the presence of tuberculous disease. In the case of immunized rabbits, the results were negative, that is, they were found not to have acquired tuberculosis; and this also tends to show that the method is efficient at least to a considerable degree.

While the work of von Ruck will bear further development and further investigation, the basic fact, that prophylactic immunization is possible, has been proved. It should be a matter of pride that an American physician has afforded this proof, and it is deplorable that the progress made in this field by an American physician should be decried and criticized unfairly by men who are not competent to judge, while discoveries made in Germany are accepted with acclaim. It is deplorable that, as a profession, we yield to small prejudices and jealousies instead of encouraging the men who do original work at considerable sacrifice and who accomplish things; it is deplorable that we cannot see our way to support such men and to encourage their work.

Some day, after many years, the name of Dr. Karl von Ruck will stand beside that of Jenner, while

the men who today unfairly criticize him will have been forgotten, blotted out from memory.

H. J. ACHARD.

Chicago, Ill.

SODIUM SUCCINATE IN GALLSTONE COLIC: A PERSONAL EXPERIENCE

About three years ago I was attacked with what I supposed to be "a pain in the stomach." I had been enjoying good health, with the New Mexico appetite and digestion which people quickly acquire on their arrival here, and for quick relief I swallowed about two ounces of whisky, which had the desired effect, i. e., I got relief.

Two or three weeks later I was again affected in the same way, with similar treatment and similar results. These attacks continued to recur at irregular intervals, getting a little more severe each time. My nephew, Dr. G. F. Legrand, diagnosed the trouble as hepatic colic, due to gallstones. I could hardly realize that this diagnosis was correct, until I had had several further attacks. As my appetite and digestion were always good in the intervals, I was finally forced to believe that he was right.

Prior to this time I had no confidence in any remedy that was said to cure gallstones, except the knife, but seeing that no less an authority than Dr. Abbott had said that sodium succinate was effective in nonsurgical cases, I sent for two hundred 5-grain tablets of this remedy. After taking them and experiencing no recurrence of the pain, I sent for four hundred more. I have taken them as recommended, though not very regularly, and have experienced no trouble since last October. The case had become so serious that I was afraid to go away from home without taking something with me for immediate relief. Whisky failed to help me in the last attacks that I had and I was compelled to resort to hyoscine and morphine.

Did Senator Bob Taylor get this treatment before he was operated upon? I fear not.

WM. TANNER.

Jordan, N. M.

PRACTICAL SUGGESTIONS FOR THE TREATMENT OF SEA-SICKNESS

Not infrequently the physician is asked to prescribe a remedy or line of treatment for one about to make an ocean voyage, and then finds himself at a loss, having had no previous experience in handling this class of disorders.

Textbooks on practice have little to say on the subject, and are apt to deal in generalities from which little practical information is obtained. It is with the desire to aid the general practitioner suitably to care for his sea-going patients, as well as to enable those steamship surgeons whose experience may have been limited to give prompt relief to his invalids, that these suggestions are offered.

Preliminary treatment properly includes all measures tending to correct existing disturbances of function, especially those of the gastrointestinal tract and its associated organs. Mild laxatives may be prescribed during the two or three days immediately preceding the voyage, and to this end Waugh's "anticonstipation" granules will give excellent service.* Drastic cathartics are to be avoided, since their use results in unnecessary local irritation and vital depression, increasing the susceptibility of the patient to the very illness which it is desired to prevent. Also, in the case of those who have overdone the "cleaning-out" process, there is almost invariably bilious vomiting, thereby increasing the discomfort and retarding convalescence.

Decidedly beneficial results attend the employment of the long rectal irrigation tube in those of constipated habit, of which class women are in the great majority. The fountain- and the bulb-syringes supplied only with a hard-rubber tube of about five inches in length are not nearly so satisfactory.

Whatever tends to lower the tone of the system, such as overwork, worry, excitement of preparation, dissipation in eating or drinking, should be avoided as far as possible. For those known to be suffering from valvular disease of the heart, dilatation, aneurism, atheroma with apoplectic tendency, suitable treatment should be prescribed. Although early pregnancy complicates sea-sickness to the extent of increasing susceptibility to it, this condition is of no further interest; also premature birth sometimes occurs, but is not necessarily due to sea-sickness.

One form of preventive treatment in favor some years ago was to induce mild "bromism," but such treatment mostly failed of its purpose and has been discontinued.

In certain cerebral neuralgias coincident with sea-sickness, the administration of a bromide is of service; but this should be left to the discretion of the medical attendant on board. Probably the best preparation for this purpose is brometone.

When the traveler arrives on the steamer, fatigued, perhaps, by a long railway journey, or for other reasons, it will be an excellent plan to retire at once to the state-room and go to bed, at the same time favoring mental and physical repose with 20 grains of chloretone.

Many persons suffer only from those symptoms due to vasomotor spasm, such as paleness of skin, dizziness, sinking sensation at the pit of the stomach and nausea; and this unpleasant condition, although the precursor of more active illness, may, and often does, get no further. It is sufficiently depressing to require attention, however, and by affording relief at this stage, more violent disturbance may frequently be prevented. Here, the administration "to effect" of the well-known "antinausea" granule will be attended with very gratifying results. This is the formula: Strychnine sulphate, gr. 1-128; hyoscyamine, crystal, gr. 1-2000; caffeine, gr. 1-32.

*These granules contain: Aloin, gr. 1-25; strychnine sulphate, gr. 1-500; atropine sulphate, gr. 1-2500; oleoresin of capsicum, gr. 1-500; emetine, gr. 1-500; bilein, gr. 1-250.

"Marvelous" and "wonderful' are some of the adjectives voluntarily used by grateful patients. This granule comes nearest to being a specific (at this stage) of any remedy heretofore known to this writer.

In association with the antinausea granule, the exhibition of glonoin or of adrenalin hydrochloride is also of benefit in suitable cases.

As most cases of sea-sickness have passed beyond the preliminary stage and the victims are in the agonies of vomiting and retching before help is summoned, something more decided in treatment is demanded. It is in these cases that the hypodermatic injection of morphine is required. In the association of hyoscine, morphine and cactin, we have an admirable agent that gives prompt relief, with no unpleasant sequels. It is quite as appropriately administered to children, in proportionate dose, of course. Repetition of the hypodermic injection will seldom be necessary, convalescence usually succeeding a short period of quiet.

After-treatment is included in the term "good-nursing." Thirst, and the "raw" sensation in the fauces and upper esophagus, due to violent emesis, are relieved by bland liquids, such as albumen water, egg lemonade, hot or cold clam bouillon, and such like. Various sorts of prepared foods of the milk or grain class will be appropriate once the stomach becomes receptive.

S. Austin Davis.

New York, N. Y.

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[Dr. Davis is surgeon for the Lamport and Holt Steamship Line, operating vessels between New York and South America. He has an extensive experience with the treatment of sea-sick individuals, and knows whereof he speaks.—Ed.]

HEART STIMULANTS AND BLOOD PRESSURE

Much that is contradictory has been published recently on these topics. Apparently the physiologic experiments are out of harmony with themselves, and especially with clinical practice. But there is a way out of the confusion:

The normal condition of the human body is more or less stable; that is to say, small disturbing forces have almost no effect. A cool bath given to one in good health may not reduce the temperature a tenth of one degree. The same bath given to one whose temperature is 103° F. will probably reduce it a degree or more. It takes less force to bring the body back toward the normal than to drive it from the normal. This principle, which has been repeatedly insisted upon by the editors, is frequently overlooked by experimenters.

Does strychnine increase systolic pressure? That depends upon the patient's condition and upon the dose. If his blood pressure is already high, say 160, a moderate dose is not likely to show any effect, and a large dose may act as a poison and lower the blood pressure. If the pressure is 120, and the patient otherwise normal, small doses have no appreciable effect and large doses are likely to raise the pressure a little. If the pressure is below 120, and the patient is not moribund and is not already stimulated to the limit, strychnine in moderate doses always raises the pressure toward the 120 mark.

What is the use of experimenting at random upon a large number of patients, with no particulars given, and then trying to draw general conclusions? Strychnine, digitalin, cactin, glonoin, and other potent remedies are in constant clinical use by careful physicians who get the results they are aiming at when they use these remedies. I have no doubt the laboratory men will get equally constant results when they study carefully their subjects as well as the medicines.

T. Proctor Hall.

Vancouver, Can.

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[Dr. Hall presents at once an apt illustration of the value of experimental therapeutics and a no less telling illustration of the absurdity of relying on a few such experiments without further clinical tests and a study of the special conditions presented by each case. He marks the demand made upon the modern clinician admirably. Strychnine is indeed an invaluable heart stimulant and vascular tensor—when strychnine is indicated.—Ed.]

ASPIRIN ERUPTION?

Recently I prescribed aspirin, in 5-grain dose, for a large man, 42 years old, an engineer, complaining of rheumatic pains, and whose urine showed an excess of acid. He had taken a full dose of a laxative saline and his bowels had moved freely. One hour and a half after taking the first dose he came to my office, showing an eruption over his head, face and in the mouth and throat, of raised, bright-red spots, from one-eighth inch to three-eighths inch in diameter. Those in the throat caused a slight feeling of suffocation. They disappeared in about four hours, leaving sore spots at their sites, which continued several days, especially those among the hair.

I have found no report of an eruption following the taking of aspirin, nor had any from physicians to whom I related the occurrence. Was this an idiosyncrasy?

W. F. Schrader.

Fort Wayne, Ind.

STOMACH TROUBLES AND THEIR CAUSES

The following observations are made from my own practice and are reported, not because they are new, but because I have not seen in any journal an article treating stomach troubles entirely as a reflex disturbance. I am also considering the condition from the standpoint of the general practitioner and not of the man with a complete laboratory equipment.

Stomach trouble, taking the broad view, is, in my opinion, one of the most trying conditions

with which the family physician meets. Because it is an unsatisfactory condition to treat, the office-table is loaded with samples of all kinds of pharmaceutical junk. Excepting carcinoma and ulcer, I have come to the conclusion there are no primary gastric diseases. I have also about come to the conclusion that carcinoma and ulcer are due to some reflex condition.

In most gastric diseases, I have found that the main, or direct, treatment, to be curative, must be directed to some other organ than the stomach. In the meantime we may give some antacid or pepsin mixture to palliate the distressing symptoms which have caused the patient to come to us.

I make it a general rule, when a patient comes to me complaining of stomach trouble, to give the patient a very careful general examination, and refuse to treat him, if the patient is not willing to submit to such an examination. How many times we have had cases of nephritis come under our care when the condition that drove the patient to us was gastric disturbance. The patient is very much surprised when told the real cause. In many cases the disease has developed so far that we can only give general directions for living and endeavor to make life as comfortable as possible.

In some cases it is not a real nephritis but a toxemia due to "lazy" kidneys. I will endeavor to illustrate my meaning by reviewing cases from my records. The following is a case of toxemia:

Mr. E., age 38, clerk, has been having severe attacks of gastralgia, stomatitis, and pains in the dorsal region low down. He is laid up a week to ten days at a time. Present attack began about a week ago. Vomits everything taken into the stomach, and the entire buccal mucous membrane and tongue is covered with ulcers; the entire mouth is raw. When well, he keeps his bowels open with laxatives. He is very careful of his diet.

Examination of abdomen and chest negative. Pulse 86, temperature 98.6° F. Uranalysis: Specific gravity 1018, albumin negative, sugar negative, urea below normal, indican in excess, acid 30, no casts. Treatment: Lowery's calenduline diluted one-half as a mouth wash and to swallow a little each time. Chimaphilin, 1 grain, with water every four hours. A calomel clean-out, using Abbott's 1-10-grain tablets. (I find they are so thoroughly triturated with the sugar of milk that they are very active and will not disturb a very sensitive stomach.) As the first diet, he had hot water and milk. Left him on the chimaphilin, and he has been well since.

The majority of the patients with gallstones or gallbladder disease give a history of several years of stomach trouble prior to the first attack of colic. In fact many are operated upon for gallstones because of dyspepsia. To illustrate:

Mrs. W., age 54. Had irregular attacks of indigestion, and always after eating hot bread. These attacks would cause her to stay in bed for a few hours to a day. She would fill up with gas, feeling great distress and fright from palpitation of the heart. I saw her, because of severe pain in the abdomen, during such an attack. She was operated upon and several stones were removed. She has had one attack since, and that was three years ago. In several other cases I have instituted medical treatment, using boldine and sodium succinate or pill choleolith compound, with positive benefit to the patient, making the frequency of the attacks much less. The patient is very well content with his condition.

Chronic appendicitis is very often overlooked. Morris describes a condition in which there is a degeneration of the appendix. It becomes hard and white like a string of scar-tissue. There is a pinching of the nerves in the coats of the organ, causing a reflex disturbance throughout the abdominal sympathetic system. The tenderness on pressure over McBurney's point is very slight, with some tenderness on pressure over the lumbar area to the right side of the spine. Such an appendix will give symptoms so closely resembling gastric ulcer that it is most difficult to differentiate.

I have made it a rule to advise appendicectomy in all cases of chronic indigestion if there is tenderness in the two areas mentioned.

H. J. Paterson sums up the situation as follows:

1. Appendicular disease may give rise to symptoms which closely mimic the supposed symptoms of gastric and duodenal ulcer.

2. The prominent symptoms are epigastric pain or severe discomfort after eating; in many cases there are sour eructations, vomiting and even hematemesis.

3. Gastric analysis reveals, in some cases, hyperchlorhydria.

4. The evidence that the gastric symptoms are due to appendicular disease is three-fold: (a) The majority of the patients are cured after appendicectomy; (b) the influence which appendicectomy has on gastric contents; and (c) the frequency of a previous history of gastric symptoms in those who have an attack of acute appendicitis. W. S. Fenwick has made the same observations.

The important lesson to be learned from these cases is, that no operation should be performed on the stomach except when a definite organic lesion exists, and that in all operations for supposed gastric ulcer the appendix should be carefully investigated. The cause of the gastric symptoms in these cases is probably the toxemia due to the intestinal stasis causing a change in the gastric secretion.

Nervous dyspepsia is a general term used to cover numerous gastric ills. The use of elixirs and pepsin compounds has generally been unsatisfactory, and in their place I now use something to counteract the hyperacidity that is usually present. My favorite remedy is sodoxylin, a preparation composed of sodium sulphocarbolate, sodium sulphate, sodium bicarbonate, colchicine, juglandin, and xanthoxylin. Of this I prescribe one teaspoonful in water after meals. In some cases where there is much constipation I use, in place of the sodoxylin, heavy magnesium oxide and charcoal, equal parts, one-half teaspoonful after meals. If there is much nerve strain, I prescribe strontium bromide, grs. 15 in solution, after meals

In all of these cases there is a cause for the nervousness, and this must be found out. A woman may have pelvic trouble or mental worry; a man, business trouble. In many instances, act in the capacity of a confessor, to secure the mental relief necessary to assuage the mental anguish.

In men there is a condition I have often found overlooked, and that is prostatic irritability. To illustrate:

Mr. A. L., age 52. A merchant who is confined closely in the charge of his store. He had spells of gastric distress and feeling of suffocation. His case had been diagnosed as nervous dyspepsia due to close confinement. I found a large and tender prostate gland. A few prostatic massages, and saw-palmetto elixir and a sandalwood compound put him in good condition. Later on he had another attack, but not so severe. I put him on berberine gr. 1-6, ergotin gr. 1-6, and colchicine gr. 1-64, in capsule, after meals and at bedtime. This gave very good results and there was no need for the prostatic massage.

There is no use trying to cure a woman of dyspepsia who has chronic pelvic inflammation or inflamed piles, until the pelvic and rectal troubles have been cured. It has been my observation that all women with chronic pelvic trouble have chronic indigestion.

The tonsil has been blamed as the source of almost every ill, but it is only very recently that I know of its being the cause of indigestion. The case was one of long standing and very obscure as to origin. The patient was operated upon because of chronic tonsillitis. In the center of one tonsil there was a pus pocket and the pus was a pure culture of staphylococcus albus. One day, some time after the operation, the patient remarked that he did not have his dyspepsia since the removal of his tonsils. This pus pocket must have so changed the bacterial flora of his mouth as to cause a change in the gastric secretion.

In all cases the teeth should be examined, and if there is need for dental work the doctor should insist upon that being done.

I believe a constant catarrhal dropping from the nasopharynx will cause a chronic catarrhal gastritis, and the nasal catarrh must be cured first.

If there is a decided eyestrain, properly fitting glasses should be prescribed. The reflex of constant eyestrain will, without doubt, cause a derangement of the gastric secretions.

Autointoxication is the cause of the major portion of the ills of the body. In chronic appendicular and pelvic trouble the autointoxication results from disturbed reflexes, and surgery is needed. In all cases I find it best to follow the rule of "clean out and keep clean." Calomel and podophyllin or phenolphthalein compound are the drugs I generally use. The latter is marketed under the name thalosen and is composed of phenolphthalein, senna and sulphur, with aromatics.

After the clean-out I use sodium sulphocarbolate freely, or salol, with xanthoxylin and juglandin.

Abdominal ptosis of all the organs or of the stomach alone often is overlooked. The flabby abdominal wall or the peculiar position the patient with general ptosis assumes will often give the clue to the cause of stomach trouble. Gastric dilation also comes under this heading, being due to a relaxation of the muscular stomach coats. In all such cases I find a good abdominal binder, regulation of the diet, and the use of berberine continued over some time to give good results.

I believe gastric ulcer is the sequel of some previous condition causing hyperacidity. Carcinoma patients frequently give a history of ulcer or hyperacidity extending over several years. The question in my mind is, Are there ever cases of gastric carcinoma or ulcer that originate in this organ without a previous reflex to cause a long-continued period of hyperacid irritation? I do not believe there are such cases.

Byron Robinson, in his book on the sympathetic nervous system, has shown how the stomach is at the hub of that system. The solar plexus, situated in such close relation to the stomach, receives impulses from every organ of the body.

The pneumogastric gives direct connection with the cerebrospinal system. With the nerves that control secretion and peristalsis under the constant racking of irregular impulses, it is to be wondered at that there is not more disturbance in this organ. The influence of the mind was lately clearly shown. A bismuth meal was given and radiographs were made when the patient was smelling nauseating odors and pleasing odors, also when hearing pleasing stories and horrible tales. The plates show there is a decided change in the stomach under the different emotions.

CLIFFORD E. HENRY.

Minneapolis, Minn.

THE COLD-WATER TREATMENT OF "NERVOUS DYSPEPSIA"

Dr. A. E. Austin discusses, in *The Boston Medical and Surgical Journal* for May 16, the treatment of those functional dyspeptic disturbances, that are usually embraced under the designation of nervous dyspepsia, by means of cold water. After pointing out the necessity of differentiating the organic from the functional cases, which is not always easy, it appears to the author that the latter may be treated the same as neurasthenic cases without any special reference to the particular phase which their functional disorder assumes, that is, without any special reference as to whether hyperchlorhydria, achylia, lack of tone or regurgitation exists.

Having established the fact that we are dealing with simple nervous dyspepsia, the particular form in which the cold-water treatment is to be applied must be selected according to the circumstances as well as the prejudices of the patient. The simplest form is a cold sponge followed by a brisk rub in the morning upon rising, particularly applied to the abdomen. This can be assisted by the morning glass of cold water taken in sips, particularly if there is constipation. Still more practical is a couple of handfuls of water dashed over the abdomen and rubbed in, the same way

as the face is washed. A couple of towels wrung out of cold water pinned about the abdomen for five minutes morning and evening also fills the demand, and the evening application, covered by a dry bath-towel, may be worn all night during the sleep. The inexpensive bath-sprinklers sold at drugstores and department stores enable the patient to administer an excellent cold needle-spray or an alternating warm and cold spray.

A further application of the treatment is the cold plunge, which, however, should be limited to momentary immersion of the body in cold water, followed by a brisk rub-down with bath-towel or, better, with elephant-ear mitts made of coarse toweling. Popular objections to the cold plunge are usually due to their faulty application, and if the plunge is momentaneous, no harm follows in most cases. The further part of the treatment is the morning glass of cold water, which, taken when the stomach is empty, has the power of stimulating the gastric juices and of diluting the overacid gastric secretion. Although the amount of gastric juice excited by the water is small and slowly produced, the insignificant amount excites appetite, which in turn arouses more gastric juice, and therefore the simple glass of cold water (not ice water), taken twenty minutes before the meal, will be sufficient to start a course of digestion.

The author pays his regards to rectal injections or clyster, or the socalled internal bath, but objects to copious flushing of the bowels, while he insists that the injection of a pint, never more than a quart, of cold water into the rectum stimulates the secretion of both the intestinal and gastric juices and that it also has a favorable effect upon the habit of constipation.

Cold water is undoubtedly one of the most useful therapeutic agents that we possess, and if employed correctly has great power for good. Its administration both by mouth and by rectum has been said to produce colicky pains, but the pain following the drinking of cold water is usually due to the fact that the glassful of water is gulped down instead of being sipped, and the colic after the cold clyster is due to the injection of air or to the attempt to inject too much. In the latter case, the patient should commence with injecting a cupful of cold water and should never increase the amount to more than a pint.

MANAGEMENT OF THE SUMMER DIARRHEAS OF CHILDREN

Diarrhea is of frequent occurrence in hot weather, because of deterioration of foods by the heat, eating unripe fruit, or excessive indulgence in meat and fat; overeating is also a large factor. Thus precaution in eating and drinking during hot weather will prevent many diarrheal complaints in children. In the case of bottle-fed babies, see that the bottles and nipples are well cleaned and the nipples kept in borax water, when not in use.

If the stomach is overloaded, empty it as soon as possible by giving two 1-6-grain granules of emetoid, dissolved in warm water, repeating in twenty minutes if necessary. When the patient presents intestinal fermentation, with acid and foul-smelling stools, give the sulphocarbolates. The best plan is first to clear out the stomach and bowels with 1-10-grain tablets of calomel with aromatics, given every half-hour until six or eight tablets are taken. This will start the cleaning process. After the bowels have thoroughly moved, begin with the sulphocarbolates.

In severe diarrhea, use zinc sulphocarbolate; but, if the affection is of moderate severity, give the intestinal antiseptic (compound sulphocarbolate) tablets. These contain the three salts (sodium, calcium, zinc), and it is the best combination I know of for all bowel complaints. For pain, give codeine; for vomiting, copper arsenate is the remedy—in fact, many cases of diarrhea are very rapidly cured by this remedy alone, say, 1-1000 to 1-100 of a grain in solution every fifteen minutes until relief is obtained, then hourly until the patient is cured.

The best all-around remedy that I know of is the old reliable zinc and codeine compound tablet, being particularly useful in nervous and asthenic cases. Always give these tablets in solution, for this is the only way to get results in treating children, since the medicine is more readily absorbed and, therefore, produces quicker results.

If the affection is principally in the lower bowel, give an enema of from a 1-2- to 2-percent solution of zinc sulphocarbolate. If you prefer, silver nitrate, 1 to 2 grains to the ounce, is excellent in proctitis; but you will find the zinc salt best for all-around use. The old reliable method, to "clean out, clean up, and keep clean," can not be advised too strongly, for only by adopting this method can you be successful in treating the summer diarrheas of children.

Careful regulation of the diet is another point to heed, for without this you will not succeed. In many cases, just giving the child pure cool water for twenty-four hours, and nothing else, will work wonders, then gradually increase the range of food as indicated. Lime water, barley water, gum-arabic water, and other foodstuff solutions are to be used according to the conditions. A complete list of the various foods and mode of preparation will be found in my book, "The Diseases of Children."*

W. F. Radue.

Union Hill, N. J.

[Here is a suggestion, in addition to Dr. Radue's most excellent advice: Not infrequently the physician has to deal with cases of diarrhea in children where nothing—not the simplest medicaments, not even water—is retained on the stomach. It is hard to treat these cases. Of course, the bowels may be cleaned out by colonic lavage, followed by sulphocarbolate enemas; also, the nervous and intestinal irritability, and the shock, may somewhat be held in check by hypodermic injections of

*For sale by The Abbott Press. Price $1.00.

atropine, perhaps supplemented by small doses of strychnine and glonoin. But these remedies do not go to the seat of the trouble. In these cases, we suggest resort to small doses of copper sulphocarbolate.

The sulphocarbolate of copper has been shown to be powerfully antizymotic in even very minute dosage, while it is almost tasteless and not irritating to the stomach. It may be given to very small infants in doses ranging from 1-640 (or less) to 1-320 grain every hour or more frequently.

Dissolve four 1-64-grain granules in 10 teaspoonfuls of water, and give 10 or 15 minims on the tongue, using a medicine-dropper. If desired, the solution may be slightly sweetened with saccharin and a trace of menthol added; or a few of Waugh's anodyne granules may be added to the solution. Be sure to crush the granules before dissolving.—Ed.]

CHROMIUM SULPHATE IN PROSTATIC ENLARGEMENT AND GOITER

Having just completed reading, in Clinical Medicine for June, an article on chromium sulphate, by Dr. Patterson, of Pueblo, Colorado, I was reminded of some similar experiences of my own in the use of that drug.

About two years ago, I secured a supply of chromium-sulphate tablets (4 grains) for experimental purposes, and my first opportunity for its use came soon after, when I was called into the country to give relief to a man, 58 years old, whom I knew to be a sufferer from retention of urine due to an enlarged prostate gland. On arriving, I assisted in emptying his bladder. His ailment was of such long standing that he had become an expert in using the catheter, but now he could not introduce it, and chloroform had to be administered. So I gained his permission to experiment on him with a new drug that promised relief. I started him on the 4-grain tablets of chromium sulphate, one every four hours. These were faithfully persisted in for eight weeks, and there was only one recurrence of inability to draw the urine with the catheter unassisted by chloroform.

Then he was directed to take the drug every five hours for four weeks; then only four times a day; and this latter dosage was continued for three months. At the end of this time enlargement was no longer discernible, while there had been no interference with the normal flow of the urine for many weeks. However, to make sure of the cure (and I am now sure it is a cure), I had him continue with two tablets daily for about two more months; and now, after more than a year, there is no sign of any return of the prostatic enlargement.

This patient had previously consulted more than one specialist, every one of whom had said an operation was the only thing that would give permanent relief.

My next case was that of a 10-year-old boy who had thyroid enlargement of two years' standing. He was put on 4 grains of chromium sulphate every four hours, for a short time, then three doses daily. In eight weeks there was a reduction in the circumference of the neck of 3 1-2 inches, and in two months more it was reduced to normal. In connection with the chromium sulphate, I kept the throat blistered with tincture of iodine.

At present I am employing this remedy in several cases, and I have had only one goiter patient who has not experienced at least some relief; and am convinced that, with persistence, a majority of these patients will experience a permanent reduction and a large number an absolute cure. My advise is to use the drug in rather large dosage, and above all, to persist.

W. R. Kincaid.

Lyons, Colo.

REMARKABLE AMATEUR SURGERY: TURPENTINE AS DRESSING

[In the course of a conversation, a short time ago, a gentleman of my acquaintance related to me the story of the following experience, as it had been given to him personally by the amateur surgeon in the case, himself. I was so much impressed with the facts narrated that I requested my friend to obtain for me the complete story. It requires no editorial comment. In its simplicity and straightforward "sticking to business," it shows the stuff Americans are made of and what difficulties they will overcome when circumstances are pressing. I copy the letter verbatim.—H. J. Achard.]

Dear Sir: Your letter of the 24th ultimo, asking for the particulars connected with the piece of surgical work that I performed on a negro, about two years ago, is before me. The following are the facts in the case.

In July, 1910, two negroes came to my house, after I had retired, and asked me to go and sew up their father, Arthur Davenport. I replied that I had never taken a stitch on anybody, nor had I ever seen a stitch taken on anybody; and asked them why they came to me. They replied that Dr. Miles (the only doctor in the place) was away and wouldn't be back for several days, and that Mrs. Miles said go for Mr. Hollinger, he sewed up a mule, and she supposed I could sew up a negro. I still hesitated, and they said, "For God's sake come, for papa is almost cut in two." So I went.

I found the negro lying on the porch, bloody as a hog. I found a piece of a dirty old bed-quilt, that looked like it had never been washed, pressed over and into the cut. I said, "Why, Arthur, why have you put that old piece of quilt over the cut?" He replied, "Why, Mars Jim, I can't breathe without that on, I just sucks the cold air through my side." Well, after several hours' delay in getting together what I thought I needed, I started to work on him. There was only one smoked-up lamp in the place, and it without a chimney.

One cut started under the shoulder-blade and went to the bone until it struck the end of the short ribs, cutting the end of one or two off and then going through the inside wall, making an opening

clear through about 8 inches long. The next cut ran parallel with the first and about 1 1-2 inches below it. This cut went through the wall, too. The third cut was 8 inches long through the muscle of his left arm, going through to the bone. I just knew that he would die, but thought I would do the best I could for him.

The first thing I did was to clean out some of the clotted blood with my hand; then I poured into the cut about two or three tablespoonfuls of pure oil of turpentine; then I washed the edges of the cuts with cotton saturated in the turpentine. I used common silk thread, six-double. I had an old, rusty surgeon's needle, and that I cleaned with sandpaper. I just couldn't push the needle through, so sent and got a pair of wire-cutters and used them to force the needle through. This, however, wasn't a success until after I made a little paddle out of white-pine wood. I cut a slot about 1-2 inch long and about 1-8 of an inch wide in the end, and used this under the skin and forced the needle through into the slot. This operation took me until 4 o'clock the next morning.

I found the hardest job of all was getting the cut on the arm pulled together, but after repeated pulling and tying, I managed to get the edges of the skin together. I then put a drop or two of turpentine between each stitch. After placing a layer of absorbent cotton that had been dampened with oil of turpentine over the cuts, I made a bandage of a sheet and bound him up pretty tight.

The patient never uttered a groan, neither had I given him a drop of anything. I went back the next day, expecting to see a dead negro, but I found him doing nicely. I dressed the wounds the second day, using oil of turpentine, and then every day after for fourteen days. Then I took all the stitches out except those in his arm. It took four or five days longer before they were ready to come out.

Notwithstanding the weather was very hot, the patient never had a bit of fever. The negro is now working for me, and has been ever since he got well, and he says it will never get too cold or too rainy for him to come when I call.

I consider the success in this case is largely due to the liberal use of pure oil of turpentine; turpentine that had never passed through the hands of the large distributing companies—turpentine that had no kerosene in it. Yours very truly,

J. R. H.

——, Florida.

ECHINACEA AS AN AID IN SURGICAL WORK

There is one preparation which I find I cannot afford not to have constantly at hand in cases of emergency, and that is echinacea. I use the 1-2-grain concentration, echinaceoid. Now and then there will come a time when nature seems unable to do its work and must be aided. During the last year I have been acting as substitute in the gold mines in the northern part of Korea. At one hospital, where accidents are no more numerous than elsewhere, amputations sometimes have to be made. Occasionally some of the wounds that the surgeon encounters are in very bad shape, and results may not always be all that is hoped for.

I have had two thigh amputations in particular in which echinacea was signally helpful. Do the best we could, infection followed up the track of the blood-vessels, and in both instances the patient's hip was seriously endangered, in fact a fatal end imminent; when happily it occurred to me that, if echinacea was useful at all, here was the time to try it. I also had an instrumental case of childbirth under most unhygienic surroundings, and in which puerperal septicemia developed.

In all these three cases we employed echinacea, that is, the concentration, echinaceoid in the form of 1-2-grain tablets, two tablets being given every three hours. By the third day the inflammation, in each of the three cases, had subsided and the discharges practically dried up, the wounds being well on their way to recovery. It was hardly believable, but the action of the drug was prompt, and alike in each patient.

Undoubtedly some of my readers will recall similar cases in their own practice, when, in spite of all, they could not effect a cure—as has been my own experience in the past, before resorting to echinacea. Presumably a drug with such pronounced action has a wider range, but it is new to me, except for these recent experiences.

Try it, doctor, and push echinacea, or echinaceoid, when you have suitable cases. It will work marvels.

W. B. Scranton.

Seoul, Korea.

THE TREATMENT OF PHOSPHATURIA

The treatment of persistent phosphaturia is an important problem, because in cases of constant "phosphatic diathesis" there is the danger that phosphatic concretions may form in the urinary passages. Although the exact cause of pathologic phosphaturia is not clearly determined, it is certain that the clouding of urine by the precipitation of phosphates is due, not so much to an abnormally increased amount of phosphoric acid in the urine, as, rather, to the fact that the earthy alkalis, especially lime and magnesia, are present in too great a proportion in relation to the amount of phosphoric acid, while at the same time the acidity of the urine is deficient.

In the treatment of phosphaturia it is necessary, therefore, to limit the ingestion of calcium as much as possible, while increasing the urinary acidity.

Prof. Umber, of Berlin (*Die Therapie der Gegenwart*, March, 1912), points out that the excessive secretion of hydrochloric acid in the stomach may promote a deficient acidity in the urine, and, with it, precipitation of phosphates by withdrawing acid from the intermediary metabolism. As is well known, a great number of patients with phosphaturia suffer from acid hypersecretion. The author believes that this is the reason why he has seen favorable effects, in the treatment of

phosphaturia, from large doses of atropine. Under this treatment the cloudy urine usually clears up promptly, while its acidity is increased.

Dr. Umber begins with small doses of the atropine, on account of a possible atropine idiosyncrasy, giving 1-2 mg. (gr. 1-128) per day; increasing this, in the course of a few days, to as nearly as possible 3 mg. per day, or, 1 mg. (gr. 1-64) after each meal. He likes to give the sulphate of atropine in aqueous solution, unless pills or granules are preferred by reason of their greater convenience.

From the beginning of the treatment, or at least when the first small doses are being increased, the phosphaturia usually disappears. The author orders the highest dose then reached to be continued at the rate of three times daily after meals, gradually diminishing the amount of atropine, so that the course of treatment extends to three or four weeks. If the phosphatic dyscrasia should, for any reason, recur, the atropine treatment may properly be repeated.

Under this dosage of atropine the urinary acidity is increased, even in normal persons who complain neither of gastric disturbances nor of phosphaturia, while at the same time the absorption of lime in the stomach and therefore the elimination of lime salts by the urine probably is diminished. In this manner both important factors in the treatment of phosphaturia are considered.

In addition to this special treatment, tonics may, of course, be necessary, and the ingestion of calcium will have to be regulated as far as possible. The food should consist, preferably, of meat, cheese, cereals, breads, and legumes. The amount of berries, potatoes, roots, green vegetables should be limited, and milk and eggs should be excluded altogether.

THE USE OF CACTUS

G. Harlan Wells, the scholarly editor of *The Hahnemannian Monthly*, in a recent address on cactus and some other remedies in the treatment of diseases of the heart, said that the maintenance of the tone and power of the heart-muscle is the very essence of cardiac therapy. Any agency, therefore, that is capable of exerting a regulating influence upon the nervous mechanism of the heart or of improving the nutrition and power of the heart-muscle may reasonably be expected to prove of therapeutic value in assisting a disturbed heart to perform its function normally and satisfactorily.

He found by clinical experience that cactus is a remedy that should be administered for a long period of time in order to obtain lasting results. It is not a rapid cardiac stimulant, but a mild tonic to the muscular and nervous mechanism of the organ. He has seen this drug taken for a period of many months almost constantly, with the most favorable results, especially in people past middle life who suffer from impaired circulatory power, the result of valvular heart disease following infectious diseases in earlier life.

The principal indications for cactus, according to Dr. Wells, are nervous affections of the heart, whether the result of overwork, worry or mental disturbances, in which the heart is irregular in rhythm and its rate varies under the slightest mental or physical disturbance; further, in mild degrees of cardiac insufficiency, especially when the result of rheumatic endocarditis.

THE TRI-STATE MEDICAL SOCIETY

The Tri-State Medical Society of Iowa, Illinois, and Missouri will hold its twentieth annual meeting at Jacksonville, Illinois, on Tuesday and Wednesday, September 24 and 25. The president of this society is Dr. Robert J. Christie, of Quincy, Illinois.

In a preliminary announcement just received, the statement is made that there will be "no quarrels, no entertainments, no dissipation; just work." This part of the program certainly should appeal to the hard-working general practitioner, and we are very much pleased to see that this element of our profession is strongly represented in the program.

We regret that we haven't room to print the program in full, but below we give a list of the papers to be read. Our good friend, Dr. Emory Lanphear, has for many years been one of the leading spirits in this strong association. We hope that many of our readers will plan to be present. Come and let's get acquainted.

President's address, Robert J. Christie, M.D., Quincy, Ill. Non-tubercular joint affections, E. W. Oliver, M.D., Peoria, Ill. A case of peri-membraneous colitis, J. A. Marshal, M.D., Pontiac, Ill. Visual malfunction in school-children, its nature, causes and consequences, Percy R. Wood, M.D., Marshalltown, Ia. Chloroform a safe anesthetic, John F. Clark, M.D., St. Louis, Mo. Double vagina and uterus—with skiagraphs, J. E. Allaben, M.D., Rockford, Ill. The evolution of the bacteriology of urology, G. Frank Lydston, M.D., Chicago, Ill. The proper treatment of pneumonia, R. R. Holson, M.D., Iola, Ill. Pneumonia, Herman Schmidt, M.D., Addieville, Ill. Hieronymus Forcaster and his influence on medicine, A. H. Ohmann-dusmenil, M.D., St. Louis, Mo. Paroxysmal tachycardia, H. C. Temple, M.D., Glasgow, Mo. Goiter—its pathology and treatment other than surgical, B. P. Bradburn, M.D., Lincoln, Ill. Some oversights in opening the abdomen and how they may be avoided, William Cuthbertson, M.D., Chicago, Ill. Peritonitis, M. T. Balsley, M.D., Joplin, Mo. Borderland diseases, of surgery and internal medicine, C. F. Wahrer, M.D., Ft. Madison, Iowa. Pregnancy in its relation to disease, J. O. Bradshaw, M.D., Philipsburg, Mo. "What's the use?" The educated doctor vs. mental healers, osteopaths, Christian scientists, etc., Willard G. Piersol, M.D., Avon, Ill. Human blood and the social evil, Jonathan Price, M.D., Western Saratoga, Ill. Alkaloidal medication in epilepsy, W. F. Waugh, M.D., Chicago, Ill. Medico-legal juris-

prudence, T. C. Buxton, M.D., Decatur, Ill. Acute pancreatitis, C. P. Burke, M.D., Atlantic, Ia. The fulgeration treatment of bladder-tumors, Herman L. Kretschmer, M.D., Chicago, Ill. Rational treatment of pterygium, J. L. Short, M.D., Rolla, Mo. Personal experiences in resection of Joints, Wm. C. Dieckman, M.D., Dexter, Mo. Dry senile gangrene, with photographs, W. L. Suggett, M.D., Flora, Ill. Some diseases of the stomach and some stomach-symptoms caused by other diseases, Homer A. Millard, M.D., Minonk, Ill. Gall-bladder disease from the internist's standpoint, Frederick A. Baldwin, M.D., St. Louis, Mo. Gall-bladder disease from the surgeon's standpoint, Emory Lanphear, M.D., St. Louis, Mo. Typhoid fever—its past, present and future treatment, Wm. H. Smith, M.D., Kansas City, Kan. Childhood's battles with the microbes, Chas. A. Wilson, M.D., St. Louis, Mo. Predisposing influences leading to unchaste practices of young girls, E. A. Hoefer, M.D., Sweet Springs, Mo. Mastoiditis—etiology and treatment, C. F. Burkhardt, M.D., Effingham, Ill. Carefulness in obstetric details, James P. Priestley, M.D., Newton, Ill. The country physician, C. W. Bowen, M.D., Brunswick, Mo. The effect of alcohol, from a medical standpoint, I. F. Harter, M.D., Stronghurst, Ill. Surgical diagnosis of the abdomen, T. J. Williams, M.D., Hiteman, Ia. Myeloma, J. J. Link, M.D., St. Louis, Mo. Bone-transplantation, W. H. Mayfield, M.D., St. Louis, Mo. Modern methods in the medical and surgical treatment of appendicitis, O. O. Giberson, M.D., Alton, Ill. Our professional incomes, Anne M. Sharpe, Jacksonville, Ill. My treatment of typhoid fever during the past six years, M. L. Allen, M.D., Tama, Iowa. Bromatotoxismus, Ambros W. Teel, M.D., Kahoka, Mo. Eyestrain in children, Fred W. Bailey, M.D., Cedar Rapids, Ia. Acute intestinal diseases of childhood, E. L. Cooley, M.D., St. Louis, Mo. Doubtful tumors of the breast, Emil Ries, M.D., Chicago, Ill. Great artists and famous anatomists, James Moores Ball, M.D., St. Louis, Mo. Gastrostomy for hair-balls and other foreign bodies in the stomach, Edward S. Bowman, M.D., Davenport, Ia. Repair of complete laceration of the perineum, Bertha Van Hoosen, M.D., Chicago, Ill. A study of the causes of pathologic pregnancy, C. C. Vanderbeck, M.D., St. Louis, Mo. Peptic ulcer—diagnosis and treatment, H. H. Fletcher, M.D., Winchester, Ill. First aid in eye injuries, Richard J. Tivnen, M.D., Chicago, Ill. Choice of anesthetics, Theodore J. Schwere, M.D., Beardstown, Ill.

THE BULGARIAN BACILLUS SAVED THIS BABY

I wish to report a case to the "family," hoping it will help some member also to help the babies.

On November 9, 1911, a 10-pound son was born to one of my best families and very close friends. The mother was a strong, healthy woman. The child did fine on its mother's milk for one week, when it began to have colic and frequent bowel movements, containing mucus and blood. It began to lose weight. It was kept on the breast for one month, and in the meantime I was trying to regulate the mother's diet. But this made no difference to the child. At the end of one month, I substituted cow's milk, giving it the different percentages of fat and proteid as recommended in the Holt's tables. We changed to different cows, but still the child grew worse and eventually began to vomit.

Then I put it on Mellin's food, with and without lime water, but still without result. Eskay's food gave no improvement. I wish to say here, though, that after each change of food the child did better for about one week, and I would think we had found the right diet for babe; but after the lapse of a week it would begin to grow worse again. After about three months the child weighed only six pounds, being nothing but skin and bones.

By this time I was losing faith in myself and all foods, so I called Dr. Fred Hamilton, of Kankakee, a close friend of mine, in consultation. After examining the child, he asked me if I had tried any of the buttermilk or lactone tablets, stating that these had given him fine results. As a consequence, I ordered a supply of Abbott's galactenzyme tablets, and directed one of those, crushed, to be given before each nursing, while continuing the Eskay food made up with predigested milk.

After a few nursings the child stopped vomiting, then the stools became less mucous and the blood in the stools disappeared. In about two weeks the stools were normal and the child was able to smile and coo, slept good, and had no more colic. Today it is a healthy child, weighing 15 pounds. It is still taking the Eskay food, but without predigesting, the galactenzyme tablets being continued.

If Dr. Abbott ever gets the blues, wondering what good he has done in this world, I want to remind him that he has saved one baby's life through his galactenzyme tablets, and that alone ought to bring him great reward in the world to come.

F. R. Morgan.

Onarga, Ill.

AMONG THE VETERANS: CONSTIPATION AND OTHER ILLS

I have just spent one of my pleasant hours reading The American Journal of Clinical Medicine, and I am constrained to add my mite to the "family" chat.

In April last, I was appointed surgeon to the Washington Veterans' Home Hospital, and took charge May 1. There are about 200 inmates, ranging in age from 64 to 94 years of age. They have a pleasant home and as beautiful a location on Puget Sound as one could ever wish. I found the inmates well fed and well housed, but on the whole in a very low state of health, due, largely, to lack of exercise and to excessive eating. Nearly all were constipated, and afflicted with gassy stomachs, neuralgias, rheumatism, and all the other

ills accompanying and caused by the conditions mentioned.

It was difficult to get them to take sufficient laxatives, and still more difficult to induce them to cut down their food and to take proper exercise; so I adopted the following method to keep their bowels open, which has simply revolutionized the condition of health among these men.

I ordered the following preparation to be made: Take of senna leaves, 2 ounces; dried figs, 2 pounds; dried prunes, 1 pound; seeded raisins, 1 pound. Remove the seeds from the prunes, then grind the whole together in a meat-chopper, running the mass through two or three times, until it is all well mixed. Directions are, to feed this senna paste to the costive men in quantities sufficient to produce the required result.

This combination seems to cleanse the intestinal tract more thoroughly than anything else I have been able to get inside of these old chaps; indeed, they actually all call for it as soon as their supply is exhausted. They all eat it, because it tastes good and, as they express it, it makes them "feel fine."

Among these men I also have found a great many troubled with enlarged prostate glands and catheter users. These have all been benefited more or less by the senna paste. Besides, a number of seemingly hopeless victims were completely relieved by the simultaneous administration of the fluid extracts of thuja and of saw-palmetto, 1-2 dram of each taken half an hour before meals and at bedtime. This remedy has been a wonder-worker in my hands.

For now several years I have been an enthusiastic user of the alkaloidal remedies, and think that, if The Abbott Alkaloidal Company will refer to their sales-books, they will bear me out in this statement. Still, I am placed in rather a peculiar position here, owing to the fact that the State has been rather slow in honoring my requisitions for medicines, and so have been compelled to resort to such methods as were available. I am certain that any doctor not yet converted, if he only will try these remedies at the first opportunity, will not be disappointed.

GEO. B. CAMPBELL.

Port Orchard, Wash.

A COURSE IN SPONDYLOTHERAPY

Dr. Albert Abrams, of San Francisco, the well-known author of "The Blues" and of "Spondylotherapy," will give a postgraduate course in spondylotherapy in Chicago, August 12 to 19, 1912. Dr. Abrams has published several works of international reputation, including a large volume on "spondylotherapy," which is in no sense a fad, nor is it osteopathy or chiropractic, but vastly in advance of either of these. Educated physicians who wish to do all that the osteopath can do, and much more, should be familiar with spondylotherapy. Members of the profession who live in the Middle West will never have a better opportunity to become familiar with it than by attending the course here announced by Dr. Abrams.

This new method of therapeutics depends upon a recognition of the significance of the spinal reflexes. Dr. Abrams has found that by excitation of the spinal centers the symptoms of serious diseases can be reproduced, and by mechanically stimulating certain spinal reflexes it is possible to bring about relief, often amounting to clinical cure, in diseases which now are generally regarded as practically incurable, as, for instance, aneurism, arthritis deformans, exophthalmic goiter, and so on.

There can be no doubt that spondylotherapy, when understood, will add tremendously to the curative capacity of the physician. Such men as Boardman Reed of Los Angeles, R. C. Cabot of Boston, Curran Pope of Louisville, Rosewater of Cleveland, and others, have spoken in the highest terms of Dr. Abrams' work.

We urge every physician who can arrange to attend this course to do so. The tuition fee is $50. Just where in Chicago the course will be held, we do not know, but if any readers of CLINICAL MEDICINE are interested, and will communicate with us, we will keep them advised. The course is in charge of Mr. I. W. Long, Columbus, Ohio.

ACTINOMYCOSIS SUCCESSFULLY TREATED

Some time ago I was called to a wealthy cattle owner, 60 years of age, to relieve him of dyspnea. After a hurried examination I found the typical lesions of actinomycosis on the left side of the neck, and over the sternum, clavicle, and left breast. There was marked cellulitis in the tissues of the neck and edema of the glottis. He expectorated considerably and displayed acute debility. The patient died within a few minutes after my arrival. The autopsy and a microscopical examination confirmed my clinical diagnosis, the air-passages and the left lung-tissues being found extensively involved.

At another time I encountered a second case, occurring in a man of 55, also a cattle owner. This man had consulted me in the fall of 1908 about a small, hard nodule of three or four days' duration, which was situated on the skin, just below the zygomatic arch and in front of the articuation of the lower jaw. This I treated palliatively for three or four days, when a pocket filled with thin seropus formed, which I incised, drained, and painted with tincture of iodine. When apparently healed, it broke out in a new region nearby, and this was treated similarly. This performance I repeated until an area of about two inches square was thus covered.

The process seemed to burrow beneath the skin, and my repeated incisions, in conjunction with the local applications of iodine, so disfigured the man's appearance that I failed to diagnose the trouble; and its nature was not discovered until it was referred to the state bacteriologist for examination, who proved it to be actinomycosis.

The treatment from this time on consisted in local applications of tincture of iodine and the internal use of 90 grains of potassium iodide daily for one week; this medication being repeated on alternate weeks for six weeks. This effected a permanent cure.

Fred. F. Attix.

Lewistown, Mont.

CRITICISM AND COMMENT ON JUNE CLINICAL MEDICINE

Length of the Lying-in Period

This question continues to bob up on both sides of the "big ditch," some advocating a longer and others a shorter period of recumbency. All the contestants, on both sides, seem to have one failing in common: they all advocate too rigid a rule, which they wish to apply in every case. However, the requisite duration of this period is the product of a number of factors, none of which should be overlooked if we are to arrive at a correct result.

1. The factor of first importance, and the one most often overlooked, is the great difference in the constitutions of different women. Thus, in the Philippines, a peasant woman does not find it necessary to go to bed at all, after childbirth, except for the usual night's sleep; while her aristocratic sister has to keep her bed for two weeks or more. The passing generation of most of the western Indian tribes, of the southern negroes who were raised in slavery, and the Hebrews of the Egyptian bondage were all as vigorous as the Philippine peasant; while their more civilized descendants of the present are just as feeble as their Caucasian sisters.

Comparing individuals of the same race or class, we find similar differences. The woman who, like Topsy, "just grows," lives a natural life in the open, works hard or plays hard, and covers herself with as little in the way of clothing as the climate will allow, has very little trouble with any natural function; whereas the more or less unnatural life and dress of civilization brings with it a life-time of troubles—sexual, excretory, and what not.

The development of any part of the body depends upon its use. The general rule, which applies only within reasonable limits, is that much use produces great development; little use, slight development; and no use, atrophy. The normal development of the female pelvis depends largely on the use of the legs during puberty. But this is just a time when a girl is confined in school and expected to "behave like a lady." The logical result is that, from the waist down, her body fails to grow as it should; and this results in the socalled contracted pelvis, in chronic constipation, and all the rest of the list of female ills only too familiar to every doctor.

Under such conditions, parturition is changed from a normal and harmless process to an abnormal one, producing serious lesions, for the cure of which the decubitus is one of the necessary remedies, and should be prescribed, like any other remedy, "to effect" and according to the needs of the individual case.

2. Another very important factor is previous treatment. The accoucheur who pays no attention to his case till the hour of parturition arrives, and then knows nothing but ergot and forceps, is apt to have a very sick woman on his hands, one who will naturally take a long time to recover. But the same woman, in the care of an up-to-date obstetrician, when she is carefully watched and treated throughout gestation, is prepared for her ordeal with eliminants and caulophylloid, and during parturition receives hyoscine, morphine and cactin, scientific massage, and the right remedy for whatever abnormality may present itself, will not be half as sick and may be expected to recover in less than half the time.

The recent advocacy in Germany of a shorter lying-in period is based on recent advances in treatment. Probably few of us here realize what great progress in obstetrics has been made possible by the work of such men as Gauss and Ziegenspeck. However, treatment is not everything. No amount of treatment can expand a contracted pelvis or change a constitutionally weak woman into a strong one. Hence no invariable rule can logically be laid down.

3. Another factor commonly overlooked is, that too long a decubitus may be just as harmful as too short a one. Take a strong, healthy man and keep him flat on his back for nine days, and he will be unable to rise without assistance. Decubitus is a necessary therapeutic measure, but it can never have a tonic effect. It is always enervating. It is used only to prevent greater evils and to relieve the heart of some of its work. Hence the period should be made as brief as possible; and while it is maintained should be mitigated as much as possible by frequent changes of position, massage, Swedish movements, first passive and later resisted, and so forth.

4. I need not mention the danger of too early rising: the liability to hemorrhage, embolism, syncope, and so on.

5. The woman who remains flat on her back for the time required, without any unnecessary movement or other mitigating procedure, and then gets up and proceeds to cook a dinner or do a day's washing, is likely to rue it, whether she stays in bed two days or two weeks. *When* she gets up is not of nearly so much importance as *how* she gets up. The rising should be gradual, and each gradus timed according to the strength of the patient, just as would be done in convalescence from any other disease or injury.

If it is absurd to lay down rules for the exact length of decubitus in convalescence from other diseases, is it rational to make an exception in regard to the puerperium? If a woman leaves her bed, with assistance, to attend the wants of nature only, twenty-four hours after the delivery of the placenta, and gradually extends her excursions, till she resumes her full duties and responsibilities,

when the baby is a year old; then how long is her lying-in period, anyhow?

The Shape of the Sigmoid Flexure

The question, whether or not it is possible to pass a rectal tube beyond the sigmoid flexure, has not appeared for some time, but I have never seen a satisfactory answer to it. This is surprising to me, as everyone who has had much experience in necropsies must know that the shape of the sigmoid flexure varies greatly in different subjects.

I have seen sigmoids that were so nearly straight that their limits were not easy to define. I remember one that no stretch of imagination could make into a double, or sigmoid, curve without including the rectum and a portion of the descending colon in this flexure.

On the other hand, I have seen some shaped like a capital Greek omega (Ω)—the bends at the base of the letter being very sharp, and the apex lying in contact with the cecum or right ilium, or both.

Between these extremes are all gradations. The method has never yet been invented which would enable anyone to pass a tube into a sigmoid of the omega shape, while a straight intestine would offer no resistance to the tube whatever.

Clinical experience teaches the same thing. I once passed a tube more than two feet up one man's colon, without any trouble. And the distention caused by the clyster first appeared on the right side of the abdomen. Another case in the same ward at the same time would not permit the passage of more than six inches of the tube before the point came out of the anus, i. e., 3 inches was the limit of penetration.

Which Cases?

Clinical Medicine is all right, but I would like to suggest a simple little improvement that would treble its value. You don't need to add any departments, articles or pages. All I want is a little dictographic attachment which will answer questions.

When F. D. Patterson tells of a man made delirious by hyoscine, I naturally want to know the color of his hair, and when O. E. W. S. reports cases of corrosive-sublimate poisoning from calomel, I want to know whether hyperchlorhydria was present, whether the calomel was given during the period of free hydrochloric acid secretion, or whether it entered into solution in company with a quantity of sodium chloride. And so on.

Lots of questions are suggested by every number of the journal, and it takes too much time and trouble to get them answered by correspondence. Meanwhile much valuable information is lost. It is worth something to know that hyoscine and calomel may have bad effects in some cases, but it is worth ten times as much to know in which cases.

The Toilet of the Anus

I would like to ask Dr. Thomas R. Evans on what he bases the statement (page 609, June number), that "the majority of persons do not use paper of any kind or anything else" at the toilet?

Wherever I have been in Europe and Asia, not to mention the United States, I have found some form of anal toilet in general vogue among the masses. To be sure, the vast majority of Asiatics hardly see a piece of paper of any kind the year around. But they do use something else. That something varies with the locality. It is whatever substance is the most abundant and convenient. The Filipinos "wipe" (?) with a piece of split bamboo, while the semiamphibious Moros of the Sulu Archipelago wash with sea water.

Here in Florida nature has given us a flowering epiphytic plant, called Florida moss, which has the following advantages over paper: it cleanses more thoroughly; it protects the finger better; in cases of piles, fissure, and so on, it is more comfortable and enables protrusions to be more easily replaced; in diarrhea, it does not produce soreness so soon. In short, it is almost as good as Rabelais's goose's neck, without the latter's disadvantages!

Safe and Sane Anesthesia

I want to add my emphatic endorsement to Dr. L. H. Freedman's article on anesthesia, in the June number, page 641. I know nothing of the corpuscular relations of the soul, nor of the evidence on which the doctor bases his theory to explain the phenomena accompanying the administration of volatile anesthetics, especially chloroform. But as to the character of the phenomena themselves, my observation and experience are, in every particular, the same as his.

At one time, I gave a good deal of chloroform. I gave it, as he did, to patients with heart lesions, as well as others, and never had any trouble. At that time, I had not heard of hyoscine, morphine and cactin. All the other anesthetists in the hospital did have more or less trouble. When ether was given, the whole hospital generally knew it.

But chloroform, to be harmless, must be given properly. As Dr. Freedman says, plenty of air and plenty of time are absolutely essential. Skilful suggestion is of some value in practically every case, and of great value in some cases—even equal to a dose of hyoscine, morphine and cactin.

I have been present as operator or assistant when various degrees of trouble occurred from chloroform. In every case it was due to pushing the anesthetic too hard. This is most apt to occur before the patient is "under," but may occur at any time. Plenty of air must be allowed throughout the operation. If the heart is anywhere near normal, respiration always fails first. Don't try to kill the snore. It is a good guide. When it stops, the patient needs either more chloroform or less.

If somebody else is giving the chloroform for you, and he lets the respiration fail or the patient become cyanotic, remove the mask and drop a teaspoonful (from 0.005, i. e. 1-128 grain—for an infant, up) of aspidospermine solution into the mouth. This is better and quicker than strychnine, but the effect does not last long, and the dose has to be repeated.

If I were the boss of this Republic, I should have a law passed, that no one should be permitted to administer a volatile anesthetic unless he had submitted to the same himself. This is a case where experience is a better teacher than practice. And no surgeon should have the right to speak to his anesthetist, unless he, too, had been through the same experience.

Formalin for Tinea Sycosis

Have you ever tried a one-percent solution of formalin in witchhazel? It is no more irritating than mercury bichloride and much more penetrating. One or two washings with this solution suffice for a mild case. Or a wet dressing worn over night will kill almost any case of barber's itch. At the worst, it leaves an aseptic sore, which heals readily, unless reinfected.

Mullein and Asthma

Apropos of the fight between the adder and the lizard, page 636, if anyone thinks the "downy cotton" of mullein is "a narcotic emollient," just try rubbing your face with it, then report results. The ladies will be glad to know that this produces roses much more natural than the painted kind.

I can testify that the dried "rosette" leaves of mullein, smoked in a claypipe, will cure some cases of catarrh—I don't know which cases—but fails to affect others. The verbascine applied locally, in the smoke, seems to be specific in certain cases that are rebellious to other treatment. Let us all try some experiments with mullein, and report results.

CHAS. F. MORRISON.

Apopka, Fla.

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[We are glad to get comments like these. They are thought-stimulators, and help to keep reader, contributor, and editor on their intellectual "tip-toes." Give us more—everybody.

Dr. Morrison has struck the key-note in his remarks on the length of the lying-in period. We have too much "rule-of-thumb" midwifery. No two women can be intelligently treated exactly alike. In this great crisis of life the physician should consider the factors of heredity, natural resistance, acquired disease, physique, environment, custom, and education. He should study the physiological chemistry of each patient—her response to stresses, especially as regards the condition of her vital organs, and particularly the state of her excretions. The "nine days in bed" rule is one to be broken as often as to be obeyed. Give us more scientific common sense in managing these cases.

The remarks anent the shape of the sigmoid flexure are very interesting. We have all noted the difficulty of passing this portion of the gut with the tube—the apparent impossibility sometimes. The best results are obtained with the patient in the knee-chest position, with a stream of water flowing gently from the point of the tube. This balloons out the gut ahead of the advancing point, and facilitates its entry. The inverted position straightens the bowel. Use little water and little force, gradually insinuating the tube by slight withdrawals and advances, while "worming" it in. Ashton (see his "Practice of Gynecology," pp. 105–108) does not introduce the tube into the bowel at all; the rubber rectal nozzle has a flange which compresses the sphincter, and the fluid is allowed to pass the flexure by gravity. When the syringe is empty, the patient rolls over on to the right side, so that the fluid can gravitate into the head of the colon.

The doctor's inquiries about the hyoscine delirium and the calomel that caused corrosive-sublimate poisoning are to the point. We sometimes wish for "the dictograph attachment" ourselves, yet if every question were anticipated and answered in advance, it would take some of the zest out of our reading. The best article is the one that inspires the asking of questions—and the pages of CLINICAL MEDICINE are open to those desiring to ask them.

As to the hyoscine delirium, we might ask a number of questions: Aside from hair color, we might question the purity of the drug—thinking of contamination with atropine or apoatropine; and we might study the nature of drug idiosyncrasy—which would lead us to ask all kinds of questions, such as: "What is the relation of idiosyncrasy to anaphylaxis?" "Why do different animals react differently to the same drugs?" "Why is it that guinea-pigs are not poisoned by morphine, sheep by arsenic, or chickens by strychnine?" And before we know it, we are facing the whole great problem of immunity.

The calomel problem is an interesting one—and, strangely enough, we know of no one who has gone about it deliberately to answer the questions Dr. Morrison raises with regard to the reaction of calomel with the gastric and intestinal secretions. Why doesn't someone do these things? Again—the columns of CLINICAL MEDICINE are open.

That suggestion of aspidospermine for the cyanosis of chloroform anesthesia is a good one. In a recent article in *The Medical Review of Reviews*, Dr. Solomon Solis Cohen speaks in the highest terms of aspidospermine as a reliever of *dyspnea*—and this is often a symptom in anesthesia. (By the way, Cohen says aspidospermine is *the* remedy for *asthma*, "in every one of the 57 varieties.") Isn't Dr. Morrison's dosage of the drug rather high? Who can tell?

But enough of comment. Let us have more articles like this—also more questions to be answered.—ED.]

THE BEDBUG AGAIN

The article of Dr. Phelps's, page 528, May number of CLINICAL MEDICINE makes very interesting reading.

I have long been convinced that the bedbug is a very prolific source of infection in typhoid fever, and later experience and observation at the bedside have impelled the belief that malarial infection is another mission of this bug. So fully was I per-

suaded of these facts that I prepared an article on the bedbug as a source of infection of typhoid and malarial fevers. Three journals refused me space, because my suggestions were not in keeping with medical teachings. This was seven or eight years ago, but it looks as if my ideas will soon be vindicated.

In March, 1890, I returned home with my diploma, to find a brother in the second week of a very severe attack of typhoid fever. I and another brother nursed him.

My father, a physician, had just moved to the village and rented a bedbug-infested house. With all the caution we could use, these pests worried the sick and bit us as we sat up at night. The sick brother began to improve, and then I and the other brother came down with typhoid fever. A fearful hemorrhage on the eighteenth day ended the suffering of my second brother. Twenty-one days brought a change in me for the better.

We were all living in different parts of the state when the first brother was stricken. A very severe winter and a late freeze in March eliminated the fly as a cause in the cases here mentioned. I am sure that the brother that died and I were both infected by the bugs.

In my own practice, I recall several such cases. In one, a father was stricken on the 1st of November with typhoid fever. He made a good recovery after a confinement of three weeks. Cold had killed out the flies, but in the last days of November three of his children (within a day or so) went to bed with typhoid fever. One died of hemorrhage about the fifteenth day; the other two made good recoveries, fever lasting about three weeks. The fourth child, about thirteen or fourteen years old, was attacked the last week in December with typhoid fever and recovered. This family lived on a farm in a large log house containing more bedbugs than I ever saw before or since in any one house.

JOHN F. HALL.

Ailey, Ga.

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[In these cases the evidence is not quite convincing. Typhoid fever is very easily communicated in an infected home—so easily, in fact, that we are accustomed to speak of "contact cases," and impelled to urge the most scrupulous care of the invalid's person and discharges. However, we can readily believe that the bedbug often does serve as a conveyor, and it is exceedingly desirable that physicians give more attention to this pest in the problem of disease.

Speaking of Dr. Phelps's article again, we have received a scathing criticism of it from Dr. E. C. Duncan, of Fredonia, Kansas. Dr. Duncan calls attention to the fact (which we had overlooked) that Dr. Phelps permitted the syphilitic boy referred to on page 531 to go to a public barber-shop to bathe, though he would not use the family tub for fear of infecting the members of his own family. This, of course, was dead wrong. Of all places, the syphilitic should be ordered to shun the barber-shop stands pretty nearly at the head of the list. Under no circumstances should these people be allowed to go where they can spread this terrible disease broadcast. Dr. Duncan's point is well taken.—ED.]

ESPERANTO, THE WORLD-LANGUAGE

A few months ago the readers of CLINICAL MEDICINE had presented to them some very interesting lessons in the international auxiliary language, Esperanto. Some of you may be led to think, because there has been no mention of the language in these pages for some time, that Esperanto is not progressing. Nothing could be farther from the fact. While there has not been any great outburst of enthusiasm over this international language, it has been steadily gaining ground.

Today, especially in the older countries of Europe and Asia, Esperanto is in daily use by thousands of intelligent people. In Europe many of the large commercial concerns are making use of it in their international business transactions. I have received circulars and catalogs printed in Esperanto from Burroughs, Welcome & Co., of London, England, and I have before me a neatly printed Guide-Book—"Gudlibro tra Bad Reichenhall, internacia kuracloko en la germanaj Alpoj." The Emerson Piano Company of our own country is advertising in Esperanto. Mr. D. E. Parrish, who is traveling through Europe, Asia, and Africa in the interest of the Pacific Coast, and California in particular, will, by the time the eighth International Esperanto Congress meets in Cracow, in August of this year, have given some one hundred and fifty illustrated lectures in more than twenty different countries, using Esperanto as the medium through which to reach the people, with results entirely satisfactory to the chambers of commerce of the cities for which he is lecturing. In some of the cities visited he has been obliged to repeat his lectures.

These few examples should be enough to convince the most skeptical of the practical utility of Esperanto.

No group of men should be more vitally interested in this world-wide movement than the medical profession. There is a vast amount of valuable knowledge, clinical and experimental, locked up in publications in foreign languages, which would at once become the property of the entire world if published in the international language, thus avoiding the unsatisfactory and expensive translations into each national tongue. Esperanto presents a most fascinating as well as a most valuable advance in modern intellectual progress.

Any readers of CLINICAL MEDICINE interested in Esperanto should write to the secretary of the Esperanto Association of North America, Washington, D. C., for information, enclosing a stamp.

J. R. SCHOFIELD.

Fort Collins, Colo.

CARBOLIC-ACID INJECTIONS

Some confusion arises among your correspondents who have overlooked the chemical reactions in their solutions. A 95-percent carbolic acid [liquefied phenol] is a strong caustic, creating around it

such a dense eschar as greatly to hinder further absorption. If injected, its action is almost entirely local. A 5- or a 10-percent aqueous solution is rapidly absorbed and gives systemic effects. When carbolic acid is mixed with an equal weight of alcohol, glycerin or camphor, it forms a chemical compound, and we are no longer dealing with the free caustic phenol [which, by the way, is erroneously called an acid].

If one were to tell me he had injected 20 grains of concentrated sulphuric acid into a patient, with good results, I should not believe him. But, if he added that he diluted it with a solution of sodium carbonate before injecting, it would be evident that he had not done anything more dangerous than to inject the salt sodium sulphate.

Carbolic acid, when mixed with an equal weight of glycerin, becomes *glycerin phenate*, which is an excellent antiseptic and only slightly irritating to the tissues. I can readily believe that this, combined with gelseminine or lobeline, may control tetanus. But, please don't say any more about injecting 20 minims of carbolic acid.

T. Proctor Hall.

Vancouver, Can.

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[This is interesting. However, may we venture just one suggestion? Our chemist tells us that a mere mixture of carbolic acid and glycerin does *not* form a chemical compound, as described. Heat and condensation agents are necessary to bring about this change. Of course we all know that the caustic action of phenol is modified by the presence of glycerin or alcohol.—Ed.]

PRACTICE ON CAPE HATTERAS: ANOTHER LETTER

Away out here in the "Isle of Strife," one hundred miles from a city and one hundred and fifty-two miles from a hospital, one not acquainted with the conditions would naturally suppose that misery and poverty were to be seen frequently, inasmuch as we are isolated from the world, with all its socalled attractions, its facilities for comfort, its city water, gas, electric lights, theaters, and the thousand and one luxuries, and without which modern city people imagine life would not be worth living.

All these things are unknown at this sequestered spot washed around by the Atlantic waters. Nevertheless, we have that which no other community in the world can boast of—*independence*. Is there a word in the dictionary that means more to humanity? And, what gives the people of this island the power of independence and ability to assist each other, is their resolute abstinence from strong drinks—on Cape Hatteras, it is almost impossible to find liquor in any form. I have never seen a fight, not even a quarrel, much less a drunken man, in my twenty-two months of residence here.

This condition has an agreeable side to the local practitioner. Every physician knows the advantage he has in treating a patient who does not drink alcoholics, and it is remarkable how one can depend on results here, in comparison with city practice, where such a large percentage of the male population use stimulants.

Not long ago I was sent for, from a community twelve miles south, to attend a man who had run a nail through his foot, and which protruded about an inch and a half above the dorsal surface. I secured a large pair of plyers, had two men hold the injured member, and extracted the nail by a few vigorous jerks. The accident had happened about three and a half hours before, and the foot was badly inflamed and swollen. I wrapped a piece of medicated cotton on a probe, dipped it in compound tincture of benzoin, and passed it through the piercing wound, then poured pure balsam of Peru into both openings, and lastly saturated medicated cotton with the balsam and applied it both to the plantar and the dorsal aspects; then bandaged. The wound healed up very kindly.

I can not say that there is anything "specific" in this treatment; still, I know the great virtues of balsam of Peru and compound tincture of benzoin in many other conditions. As for tetanus, I may state that I have had more than two dozen cases of laceration or puncture of the sole of the foot or palm of the hand, and have had no trouble with any of them under similar methods. It may be that in Cape Hatteras, where the "soil" is composed of pure sand, the tetanus bacillus finds poor culture-medium. The only instance of tetanus on record on this island is that of a man who was stung on the wrist by a sea-nettle. He paid little or no attention to it for two days, when the hand, wrist, and forearm became badly swollen and very painful. He started for the hospital, eight miles across the sound, but died just before landing. That happened two years before I came here.

I feel pretty well satisfied that, unless the soil were free from the tetanus bacilli, I should often have had some pretty tough propositions on my hands. Many of those cases of hand and foot lacerations I did not see until from one to three weeks after the injury was received. In three of these cases, in particular, deep laceration from 2 1-2 to 4 inches long were present, and received from two to three weeks before.

I found all three of these wounds gaping wide open; the skin in the larger wound was separated 1 1-2 inches and pus was oozing out, the cavity being filled with sand. I curetted them; washed them out with 50-percent alcohol; saturated a wad of cotton with equal parts of balsam of Peru and compound tincture of benzoin, stuffed the wound and covered the surface with it; then I bandaged it. I dressed each of these wounds three times. They left bad scars, but that was due to the carelessness in waiting so long to be treated, and no fault of mine.

Once more referring to balsam of Peru and compound tincture of benzoin and their efficiency, two cases of rodent ulcer treated with these remedies may interest some of the readers.

In the early part of last fall a life-saver came to me from a settlement thirty-five miles north on the island. One-half of his lower lip presented a

rough, jaggy, ugly-looking ulcer. There was a distinct line of demarcation about three-quarters of an inch below the upper surface of the ulcer. I applied a 4-percent solution of cocaine, to effect complete anesthesia. Then I made an incision the full length and depth of the ulcer; curetted the inner and outer surfaces; washed thoroughly with 95-percent alcohol; filled the wound and covered the surface with balsam of Peru and compound tincture of benzoin; saturated cloth with the same mixture; then, lastly, applied adhesive plaster in small strips in a criss-cross fashion. Three days later I dressed the sore in a similar way, repeating the operation five times afterward, when I discharged him cured.

The second case was that of a life-saver also. This man's ulcer was on the upper surface of the cheek. Instead of cocaine, I used a 3-percent quinine and urea hydrochloride solution for anesthesia, which, in my opinion, is better than cocaine. The ulcer was of eleven months' standing, while the one first described was fourteen months old.

After anesthesia was complete, I curetted the ulcer thoroughly, even going one-fourth inch outside of the edges of the wound proper. After cleansing with 95-percent alcohol, I applied the cotton saturated with my customary balsamic tincture. I dressed this wound six times, then discharged the patient. Now, unless your attention were called to it, you would never suspect that these men had had such ugly ulcers.

One more case may interest and possibly prove useful to readers of Clinical Medicine. Every physician knows that it is no reflection on his ability to lose a cerebrospinal-meningitis patient, since under the best hospital treatment the death-rate runs from 60 to 80 percent. In the leading medical journals, new methods of treatment are constantly brought out and warmly recommended by the highest authorities, but none seems to prove reliable, for the percentage of deaths continues about the same, in spite of all.

The last patient out of eight of these cases that I have treated was found deaf, dumb, and blind. This was a little child of 6 years of age. The mother told me that the child had been in bed two days when I found her in this condition. On questioning the mother, I learned that the child had gone through all the primary symptoms. Opisthotonos was complete.

I ordered cold-packs along the entire spine and back of the head, to be left on for four hours and to alternate with two hours off, for thirty-six hours. From my medicine-case I made a mixture containing atropine sulphate, gr. 1-300; strychnine sulphate, gr. 1-100; and potassium iodide, gr. 4, to each dose. This was to be given every four hours for the first two days, and three times a day afterward. [The potent alkaloids should never be combined with potassium iodide. They are incompatible with this substance.—Ed.] I also left cathartics, to be used as conditions warranted. After giving instructions to the mother about diet, the care of the child, and so on, I left, telling them to notify me if they saw any change for the worse.

They lived nine miles from my office, and not hearing anything from them, I went to see the patient five days later, and was greeted at the door by a smiling mother. When we entered the sick-room, I found the child eating a bowl of soup, and all its senses restored. Two weeks later I saw the little girl and she was about the house, "trying," as the mother expressed it, "to eat them out of house and home." No trace of her ailment remained.

One of the anomalies in the practice of medicine, since wireless telegraphy has become an established fact, fell to my lot on March 16. It is the second case of the kind on record, the other one being that of Dr. Geo. Blair's, a surgeon of the Ward Steamship Line. Dr. Blair, as we have read in the papers, was aboard his ship in Havana, when he received a wireless message, from a liner 800 miles distant, that the captain of the latter was in a serious condition from ptomaine poisoning. Dr. Blair sent an immediate reply, by wireless, giving full instructions for treatment. A message received the next day by Dr. Blair stated that the captain was out of danger.

In relating my own case, I will give the message as I received it, dictated by the nurse in charge of a child on the Steamship Esparta, a fruit-steamer, at sea, March 16, 1912. It read:

"Doctor at Cape Hatteras, N. C.—Thirteen-months-old baby very ill. Dysentery, mucus and water at first, flecked with blood, this last only occasionally; blood bright-red; does not vomit; has slight temperature; strains very hard at stool, causing retroversion of the rectum; is losing weight alarmingly. Have been feeding barley and albumen waters since time of attack."

This message was received at 5 o'clock in the afternoon, and I made immediate reply. The next morning at 10 I received a message from the boat, saying that the child had spent a quiet night and was doing nicely. Three days later I received a letter from the nurse at Boston, stating that the child was out of danger and was improving rapidly. My message of instructions sent to the nurse contained 160 words.

On boats of this kind (fruiters), all aboard must depend, for all their ailments, on the steward's "medical chest" and his knowledge of its contents. All drugs in those medical chests are labeled with instructions as to when and how to use them. Some of those stewards become more proficient and get better results than most of the advertising quacks do in our cities. The steward treats to cure, while the quack treats to bleed the poor "sucker" out of every dollar he can get out of him, and many a time leaves the poor unfortunate a physical wreck, and often a financial one, too.

C. A. Sutton.

Cape Hatteras, N. C.

RHUS POISONING

For the benefit of others who may have been disappointed in their treatment of rhus poisoning, I will state that I generally employ a mixture of

1 dram of fluid extract of belladonna root and 4 ounces of water, which, applied with the hand, affords immediate relief. It is also most excellent for the relief and cure of mad-itch, while also relieving and curing erysipelas. This lotion relieves the itching, and it seems also to be antiseptic. I appreciate your journal very much.

J. R. Buchan.

Brookfield, Ga.

THE GARBAGE-CAN, THE DOG AND SCARLET-FEVER

Dr. Frederick H. Pierson relates, in *The Journal of the Medical Society of New Jersey* for May, that last winter he spent six weeks in an isolation hospital where he had ample opportunity for observation and reflection.

During his quarantine, he was forcibly impressed by one source of contagion. Just outside the window of his room stood the garbage-can. All the scraps from the table and other waste coming from direct contact with the patients and nurses were put into this can. In some way the cover of the can was lost, and one day he counted four dogs, all wearing collars, nosing about in the garbage. The dog is a friendly animal, and when he wears a collar it is reasonable to suppose that he belongs to someone and that he will run back home and poke his nose into the hand or lick the face of some person with whom he is familiar. The animal has just taken its head out of a mass of infected material, and, yet, the whole danger could be prevented by providing a cover for the can, which, the author avers, he took care to have done the next day.

NEWS NOTES

Dr. A. B. Middleton, of Pontiac, Illinois, has been appointed lecturer on Ophthalmology in the American Medical College of St. Louis.

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A clever little booklet called "The Rubaiyat", which contains bright verses and clever prose, will be sent to automobile-loving doctors, without charge, by the Hartford Suspension Company, Jersey City, New Jersey. Write for a copy.

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At the eighty-first annual commencement exercises of Wesleyan University, at Middletown, Connecticut, held on June 19, the degree of Doctor of Laws was conferred upon Dr. Amos J. Givens, proprietor of Givens Sanitarium for Nervous Diseases, at that place.

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We have just received an exceedingly interesting report of the Yeng Byen Hospital, Korea, which was sent to us by Dr. I. M. Miller. This institution, though young in years, is already doing a great work. Within one year it has supplied treatment to nearly four thousand different patients.

At the ninth annual encampment of the Department of Illinois, United Spanish War Veterans, Dr. G. Frank Lydston, of Chicago, was elected to succeed Dr. William Schaare, of the same city. Dr. Lydston is surgeon of Chicago Camp Number 54. Dr. Schaare is charter member of Columbia Camp Number 2, and has been its camp surgeon since its organization.

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The widow of a New Jersey physician, recently deceased, has a complete medical equipment, including library, electrical apparatus, hot-air outfit, x-ray coils, and surgical instruments, all in excellent condition, which she offers for sale at a very low price. Any doctor who wishes to equip himself in first-class shape will do well to secure this equipment. Write us at once and we will put you in touch with the proper person.

—

A correspondent sent us a clipping from a Nebraska paper, telling of a case of everyday heroism on the part of Dr. Ewh, of Talmage, Nebraska. While on his way to attend a lad, who was very sick, the doctor drove off the end of a broken bridge and was thrown, with the buggy and team, into a ditch. The doctor's leg was broken, but somehow he managed to extricate himself from the wreck, bandaged his broken limb, and went on to the patient and attended to him before returning to his home. As the doctor who reported this matter ot us says: "This is an act which demonstrated his sense of duty to a patient and the true grit so becoming to a physician."

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We have just learned of the death of one of our oldest friends, Dr. Boyle Kerr. The doctor was nearly eighty-two years of age at the time of his death. He has been a subscriber of Clinical Medicine (and The Alkaloidal Clinic) from the beginning and was, we believe, the first physician to use the alkaloids in the city of Pittsburg. He was still in active practice up to the time of his death. Dr. Kerr left two sons, one of whom, Howard Boyle Kerr, although a young man of only seventeen, is already planning to follow in his father's footsteps, in the practice of medicine.

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We see, by the February 12 number of *The Survey*, that, in 1911, there were 138 dispensaries for the treatment of the sick in New York, 100 of these being in New York City alone. According to the stateboard report, the number of individuals treated in the New York City dispensaries during 1911 was 1,156,728. Of course there must have been much duplication of names on the records of the dispensaries, but it is probable that at least half a million different individuals received medical care in the City of New York as a matter of charity. While many of these undoubtedly belonged to the deserving poor, there is not the slightet doubt that the physicians in New York City are annually robbed of millions of dollars by these too charitable institutions.

JUST AMONG FRIENDS

A DEPARTMENT OF GOOD MEDICINE AND GOOD CHEER FOR THE WAYFARING DOCTOR

Conducted by GEORGE F. BUTLER, A. M., M. D.

ANGINA PECTORIS is, fortunately, a somewhat rare disease. In treating victims of this distressing malady, it must always be borne in mind that the condition is not a disease *per se*, but is symptomatic of a number of morbid conditions, including insufficiency of the aortic valves, an adherent pericardium, and arteriosclerosis—especially when involving the two coronary arteries, with a consequent degenerative change in the myocardium.

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Various types of angina pectoris are described, classifiable as follows: (1) The *true angina*, with its various grave symptoms, so well known, and associated with local morbid conditions of the heart or the aorta itself. The acute, agonizing pain in this condition is due, no doubt, to the involvement of the nerves forming the superficial and deep cardiac plexuses that lie in relationship with the arch of the aorta. (2) *Pseudo angina*. And this class may conveniently be divided into two types, namely, the neurotic and the toxic.

The neurotic group occurs more frequently in women and is, usually, associated with functional and neurasthenic trouble or vasomotor disturbances, such as sudden coldness and numbness in the fingers and toes, pain in the cardiac region, or faintness. The toxic group includes attacks, brought on by heavy smoking of strong tobacco or drinking strong tea or coffee, as also through a general autotoxemia, the result of overeating and faulty elimination.

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Correct treatment of *pseudo* angina must depend upon what causes the condition; for when the cause is effectually removed, little else remains to be done. One is always safe in establishing free elimination by way of the bowels, skin, and kidneys; and for this purpose the combination of calomel, podophyllin and bilein, or saline laxatives, salithia or sodoxylin will be found useful remedies.

True angina, however, must be treated on very different lines, although the administration of the eliminants just mentioned will prove beneficial. Patients who suffer from true angina should endeavor to live quiet lives, as far as possible from all worry and excitement, and should never perform any sudden muscular exertion. Care must be taken never to overload the stomach, the carbohydrates of the diet should be diminished, and dyspeptic conditions corrected.

During an attack the patient—who, as a rule, lies down quietly—should inhale slowly from 3 to 5 minims of amyl nitrite, best by crushing a glass pearl wrapt in cotton, wool or silk. The inhalation should be continued for about five minutes. Should the patient resist the action of the amyl nitrite—which acts as an antispasmodic and vasodilator—chloroform must be inhaled at once. If the pains continue even then, a hypodermic injection of hyoscine, morphine and cactin is one of the best expedients known to me.

Between the attacks, some vasodilator—glonoin, sodium nitrite, potassium iodide, veratrine, etc.—must be taken by the patient. An occasional free purge with calomel, podophyllin, and bilein, followed by saline laxative, always is advisable for those showing high arterial tension.

It is important to remember that a victim of angina pectoris may die suddenly without experiencing, so far as we can tell, any pain whatever.

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The best medicine for sick or tired doctors, of which I know, is to go back home, in the blossoming June days—to wander forth over the well-known hills and meadows—not to hunt, to do strenuous things, but just to wade "knee-deep in June."

Think of a June in Old New England! I spent there that month enjoying my vacation, except for a few days in the cities of Washington, Philadelphia, New York, and Atlantic City. It was a glorious month! I still scent the breath of blossoming clover, wild grape, elder, blackberry, and the wild roses. Oh, the joyous medley of life in June, June in New England, June with its variety and abundance! You may not be able to name all the birds; mayhap you can not tell which are the dogwoods, which the viburnums—the dogwood flowers with their four-pointed stars, and the floral stars of the viburnums confusing you with their five points. But what of it—four or five, dogwood or viburnum? Here they are, banked in soft, snowy fragrance along the margin of the pond. A tiny nest swings from a fork among their luxurious mass, a tiny bird with a white ring around each eye broods and anxiously watches you drift past. You have a fish-pole, and all about you and within you is the June.

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Summer is here! And it brings a day of golden calm. A veil like the haze on far hills envelops it, and its voice is the noonday note of the cushat dove, hid deep in fields of buckwheat. The hum of the drowsy bees is like the lullaby song that mothers sing to their sleepy children, while above us, like a butterfly that poises above a yellow rose, is the infinite peace of a cloudless heaven.

Such it was to me during the all too short time of my vacation, and I was inspired to write:

'Tis summer, glorious summer:—
Behold the glad, green earth,
How from her grateful bosom
The herbs and flowers spring forth:—
These are her rich thanksgivings,
The incense floats above!
Father! What may we offer?
Thy chosen flower is Love.

'Tis summer, blessed summer;
The lofty hills are bright;
All nature's fountains sparkle—
Shall ours have lesser light?
No, bid each spirit praise Him
Who hangs in every tree
A thousand living lyres,
Awakening harmony.

This is the time when we should forget our gravity, gray hairs and bald heads, and be ignorant of those crowfeet about our eyes. But, after all, they are not important. We live in spirit, and not by decades. It should not really concern us whether we are seven or seventy, if in our hearts there is the singing of birds and the sunshine that mellows the hill-top and the whisper of the winds that blow from far, far fields.

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Just imagine that you are a boy again back home. You remember those days. Did you ever hunt for eggs in a haymow? If you did, you can remember just how, with bated breath, you crept through the fragrant glooms of the old barn and searched the dusty place for nests.

Did you ever go berrying up the side-hill pasture, where the blackberries grew purple in the shade? Can you recall much that, in all the years that thread between that happy time and this, can transcend the pleasure of those wildwood tramps?

Do you recall the aspirations you cherished that day you sat musing by the spring beneath the pink and white blossoms of the apple-tree?

—

The apple-trees whiten in the springtime just as they used to do. There is no change in this transition of nature. But we, who have grown older in years, can never be boys again. And since we can not make the old-time impossible imaginings come true, we must do that which, within the circle where circumstance has placed us, is the best, the truest, the noblest. But this is no time to preach. I set out to tell you of my vacation.

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Early in the springtime I began to feel the call of the East. I wanted to go back to Massachusetts and fill up on green apples and then walk into the blackberry-patch and get covered with seed-ticks. I longed to be the small boy again; wanted to carry the clumsy kerosene-lamp upstairs to go to bed again under the gay patchwork quilt; wanted once more to listen to the night-wind shaking the windows. I wanted to watch the woodpecker as he flew across the field, looking for a tree to beat his face against. I wanted to see the dogwood blossoms on the hill-side. I wanted to go into the woods and watch the fox-squirrel barking at his best. I panted for the old swimming hole.

I wanted to carve my name on the beech-tree down by the spring-house. I longed to go to the old meeting-house and listen to a sermon preached from the soul. I wanted to tread where my footsteps have been rained out for many years, wanted to grasp the hands of those who knew me when yet a boy—if, perchance, any were left to greet me.

—

And so I set out, and I spent the better part of June in New England. And there could have been no better medicine than this getting in touch with Nature and thereby getting in touch with myself. We need more solitude if we would develop in our own way. Living in larger communities, we develop in the ways of other people, and, with that, the conventionalities of the town.

When along in the deeps of a New England forest or on some "rockbound coast," then it is that we experience subjective moments when elusive nature comes to us with thoughts and beauties that are large and new, forecasting and consoling, better than words. These thoughts and words seldom come to us when in the company of men. Indeed, it is the very quality of solitude that it is medicinal. The hurt soul flies to seclusion for consolation. We draw lessons from the daily aspects of nature. We see the hills cast off their cloud and spell it abroad on the wind; and, seeing, profit; for the rising sun turns all this vapor to a flame, and there is glory where late were blue sorrow and cold night. Our tears are dews that shine in hope and faith. Who has not grieved can wear no crown. Try to be patient when the dark comes down.

—

Unhappy that lot of ours when we are doomed to city living, while we long for our boyhood home in the country; when our hearts are in the woods, and the echoes of bird and brook songs sound across the babble of the shop and the clatter and clang of the city.

"Lemme tell you this:—When the world gets green,
An' a feller gets ornery, restless an' mean,
There ain't no doctor in any place
Es kin properly diagnose his case.
The only cure for a man, I know,
Is t' git right out o' town an' go
Where the wild ducks swarm an' the geese go by,
An' the trout an' bass are a-jumpin' high.
Th' only thing that'll cure him then
Is t' git away from his fellowmen
An' loaf all day by some laffin' stream,
An' fish, an' whistle, and sing, an' dream,
An' listen t' birds an' bugs, an' hear,
Th' voice o' th' woods in his eager ears,
An' smell th' flowers, an' watch the squirrels,
An' cast a fly where th' eddy whirls,
An' fergit that ther's cities an' houses an' men,
Fergit that he's got to go back agen.
Fergit, when on moss-grown bank he's curled,
That there's anythin' else in th' whole wide world
But jes' him an' th' birds, an' the bugs, an' things
That live right there where th' wild stream sings."

AMONG the BOOKS

ROEMER'S "OPHTHALMOLOGY"

Textbook of Ophthalmology, in the Form of Clinical Lectures. By Dr. Paul Roemer, Professor of Ophthalmology at Greifswald. Translated by Dr. Matthias Lanckton Foster. With 186 illustrations in the text and 13 colored plates. New York: Rebman Company. 1912. Price $2.50.

In translating this admirable work on diseases of the eye, Dr. Foster has succeeded beyond measure in abridging it. The German edition itself is altogether too bulky for convenient reference, and the text, in many instances, exceedingly verbose, to say nothing of unnecessary repetitions, all of which objections are eliminated in this translation. Furthermore, the publisher has been wise in issuing the work in three volumes, instead of in a single one, like the original, volume I now being before me.

This textbook, if we may call it that, is one which ought to be in the hands of every practising ophthalmologist, young or old. No exception can be taken to the way in which the facts are presented. Every subject discussed is treated in such a lucid manner that one who runs may read. Each topic is treated in such an eminently practical and clear manner that everyone can profit immensely by reading the same although he may disagree with the author as to certain theories, technic or conclusions.

Dr. Roemer certainly has given us a series of clinical lectures, in such an excellently well-arranged and logical manner, that they will replace the ordinary textbook, in many instances. One can get from these lectures just what he wants for the class of cases met with in the daily routine of practice-cold facts, sound advice, and good judgment as to diagnosis and treatment. There is no treatise on the market with which it can aptly be compared.

The make-up of the book—text, paper, and illustrations—are excellent, although the size is somewhat unwieldy.

GEO. F. SUKER.

GAUCHER'S "SKIN DISEASES"

Diseases of the Skin; Including Radiotherapy and Radium Therapy. By Ernest Gaucher. M. D. Translated and Edited by C. F. Marshall, M. Sc., M. D. With Numerous Illustrations. London: John Murray. 1910. Price 15 shillings net.

This book is a translation of the second edition (1909) of the volume on Diseases of the Skin in the "Nouveau Traité de Médécine" (Brouardel, Gilbert & Thoinot), written by Professor Gaucher in collaboration with other authorities; together with the chapters on cutaneous syphilides and the treatment of syphilis from Professor Gaucher's "Précis de Syphiligraphie." A number of the special articles have been contributed by writers of acknowledged authority.

Gaucher's textbook appeals to us especially because of the practical nature of the treatment. Etiology, symptomatology, diagnosis, and treatment are considered briefly and concisely in a manner easily understood and not requiring laborious search and comparison or theoretical reasoning, for which the general practitioner has but little time.

Dr. Gaucher insists upon the great importance of autointoxication in the causation of many of the skin infections, and justly so, for clinically it has long been known that disorders of the functions of digestion, assimilation, and elimination are exceedingly apt to leave their mark. The treatment advocated for the multitudinous skin affections is exceedingly practical and as simple as it can well be described. In short, Professor Gaucher's book is excellent, and is sure to gain many friends.

EINHORN'S "DISEASES OF THE STOMACH"

Diseases of the Stomach. A Textbook for Practitioners and Students. By Max Einhorn, M. D. Fifth Revised Edition. New York: William Wood and Co. 1911.

Dr. Einhorn has, for years, merited the thanks of the medical profession for his careful investigation of the diseases of the stomach. His "Textbook on Diseases of the Stomach" is well known, so that a new edition needs no more than simply to be announced.

BLAIR'S "POCKET THERAPEUTICS"

Blair's Pocket Therapeutics: A Practitioner's Handbook of Medical Treatment. By Thomas S. Blair, M. D. Philadelphia: The Medical Council Company. 1911. Price $2.00.

This book presents a condensed discussion of the best methods of treatment based on scientific principles, with a well-tried, reliable formula occasionally added to illustrate the application of the principles. The diseases considered are divided into related groups, each group occupying a chapter, and a copious alphabetical index provides for instant reference to any particular disease.

An ingenious method of indicating relative dosage is to print the name of the drug in capital letters for large doses, in ordinary type for medium doses, and in italics for small doses. An exhaustive table

of large, medium and small doses is included. The Appendix gives very many necessary tables for quick reference, followed by an exhaustive table of doses. A good general index completes the book. In order to get all this valuable matter within the compass of a book suitable for the pocket, a very thin, tough "Bible" paper has been used, so that it is really a much larger book than its dimensions indicate. This book positively will prove a useful pocket-companion to any physician in his daily work.

THORNTON'S "POCKET FORMULARY"

A Pocket Formulary. By E. Quin Thornton, M. D. Tenth Edition, Revised. Philadelphia and New York: Lea & Febiger. 1912. Price $1.50.

The fact that this formulary now is appearing in its tenth edition bears witness to the favor it enjoys among practising physicians. The more recent therapeutic acquirements—salvarsan, human blood-serum, antimeningitis serum, other sera, bacterial vaccines, and so forth—are recognized in the present edition. The book is arranged by therapeutic indications, under each of which a number of appropriate formulæ are given, the dose being indicated both in the apothecaries' and in the metric system. In the formulæ given, galenical preparations predominate, although a fair number of active-principle prescriptions find mention.

FITCH'S "POCKET FORMULARY"

The New Pocket Medical Formulary. With an Appendix containing formulæ and doses for hypodermic medication; posological table; obstetrical table; table of apothecaries' and metric systems of weights and measures; fractures, dislocations and sprains; ligations of arteries; hemorrhages and wounds; treatment of asphyxia and apnea; poisons and antidotes; incompatibilities and baths; miscellaneous emergencies; tables of differential diagnoses, of eruptive fevers, and diet lists for various diseases; materials and drugs used in antiseptic surgery; formulas for fluid foods, etc. By William Edward Fitch, M. D. Philadelphia: F. A. Davis Company. 1912. Price $2.00.

The arrangement of Fitch's new formulary is "different" in so far as very valuable diagnostic and differential diagnostic hints are presented under the principal headings, and reference to which is made under related headings. Thus, for instance, under "Debility" we find a reference to "Anemia" and to a special diet list; and then a number of formulæ that the author believes useful in conditions of debility. Immediately following, under the heading of "Delirium Tremens," the principal objects aimed at in the treatment of this malady are discussed briefly, while reference to the differential diagnosis is made on another page, and to "Alcoholism" on still another page. The general remarks are followed by a number of formulæ.

The body of the volume, which is devoted to the formulary just described, is followed by the Appendix, the contents of which are indicated in the fulsome title.

While the reviewer must confess that as a rule he is not much in favor of formularies or of having recourse to set prescriptions that have been recommended for certain "diseases," for the reason that he considers it best to meet the indications as found in each particular case and to consider the individuality of the patient in prescribing, yet he is free to say that this book of Dr. Fitch's presents some unusual features that make it attractive and useful for quick reference.

Certainly it is a fact that it frequently is helpful to glance over a number of formulæ that have been found useful in certain conditions and then to utilize them as suggestions for the kind of remedies that may be prescribed; and, employed in this manner, a good formulary undoubtedly serves a most useful purpose. Considered in this spirit, the reviewer cheerfully acknowledges his indebtedness to a number of this kind of books. Nevertheless, he would sound a warning lest the routine use of a formulary tempt one to overlook the importance of not treating the disease, but the patient; of not treating a name but a condition, and of meeting conditions as they exist, in the simplest manner possible.

The prescribing of galenicals (although they are recommended, by implication, in most formularies) is diminishing more and more; and fortunately so. Although it has not been established that the active principles represent the therapeutic possibilities of the whole drugs in every instance, it has, on the other side, not been shown that the full possibilities of galenicals are required in most conditions in which they are being prescribed; while experience has shown that usually abnormal conditions are fully and satisfactorily met by appropriately selected active principles.

The reviewer does not wish to condemn the idea of formularies; they serve a useful purpose and frequently may aid the physician in selecting the proper drug: only, they must be used like all the weapons at the command of physicians, *cum grano salis*, and with proper judgment.

MURPHY'S "SURGICAL CLINICS"

The Surgical Clinics of John B. Murphy, M. D., at Mercy Hospital. Chicago. April, 1912. Published bimonthly by W. B. Saunders Company, Philadelphia. Price, annually, $8.00; bound in cloth, $12.00.

The second installment of Murphy's Clinics contains nineteen clinical talks, freely illustrated, on as many different surgical conditions. Among these, we note several cases of ununited fractures, several operations for ankylosed joints, and other lesions the surgical treatment of which is of great interest.

CABOT'S "DIFFERENTIAL DIAGNOSIS"

Differential Diagnosis, Presented Through an Analysis of 385 Cases. By Richard C. Cabot M. D. Second Edition, Revised. Profusely Il-

lustrated. Philadeplhia: W. B. Saunders Company. 1912. Price $3.00.

The reviewer has nothing to add to his discussion, on a former occasion, of Cabot's "Differential Diagnosis" (CLINICAL MEDICINE, 1911, August, p. 911). The work is of exceeding value in its practical use, and the reviewer congratulates the author on the fact that a second edition has become necessary so soon. The present edition contains a presentation of two new cases.

NILES'S "PELLAGRA"

Pellagra. By George M. Niles. Illustrated. Philadelphia: W. B. Saunders Company. 1912. Price $3.00 net.

This treatise is of unusual interest, because it is the first American book on the pellagra problem, and the first book in any language that covers the treatment of this baffling malady adequately. The author's wide experience fits him especially for the task that he has carried out so well, and the results of his exhaustive studies are embodied in the monograph before us, which is a timely contribution to the literature.

CITRON'S "IMMUNITY"

Immunity: Methods of Diagnosis and Therapy, and Their Practical Application. By Dr. Julius Citron. Translated from the German by A. L. Garbat, M. D. With 27 illustrations, 2 color-plates, and 8 charts. Philadelphia: P. Blakiston's Son & Co. 1912. Price $3.00.

Dr. Citron belongs to the staff of the medical clinics of the University of Berlin and is one of the foremost workers in the field of immunology, and has contributed a great many important communications during the last few years. In the present volume he has condensed the information available on the subject in a practical manner, so that the general practitioner who is even but slightly acquainted with serological work can learn the details of the various reactions and their significance. The laboratory methods presented are those that are used for diagnosis, therapeutic, and prophylactic purposes.

"THE DOCTOR'S TELEPHONE"

A Story of the Doctor's Telephone, Told by His Wife. By Ellen M. Firebaugh, author of "The Physician's Wife." Boston: Roxburgh Publishing Company. 1912. Price $1.25.

The Reviewer wonders whether any physician who was graduated only within the last ten or twelve years can have the least conception of the change wrought by the telephone in the life of the doctor and of his family, especially in country districts. Nobody who has not witnessed this revolution can imagine the tension and the excitement that was caused in the farm-houses along the road and in the village when a rider urged his steaming horse, which he rode bareback, to the doctor's residence, or when a messenger with horse hastily put in the shafts of a sulky or other light vehicle hastened to obtain the needed assistance in the shortest possible time.

Always slow and suspicious of new things, unless he was fully satisfied of their practicability, the farmer did not hasten to adopt the telephone. But now, that this means of speech transmission is common in all rural districts, not the least of the many benefits that we owe to this invention is the greater ease with which the physician's services may be obtained. More. Through the telephone, the physician has been spared many a weary trip and has also been enabled, by prompt advice, to save many a life that otherwise might have been lost.

The medal has its obverse, however, for the telephone has its drawbacks, also. Some people seem to think that the doctor has nothing to do but sit at the other end of the 'phone just for their own particular benefit, and the questions which they ask, the demands they make upon the doctor over the telephone, are just as ludicrous and amusing to "the other fellow" as they are irritating to the particular doctor concerned.

All these benefits and harms, the advantages and the drawbacks, the pleasures and the sorrows that are transmitted by means of the telephone are told most attractively by the author of the little book before us. Mrs. Firebaugh has become the "spokesman" of the physician's wife. Her fluent style, her ease of expression, her ability to tell her story, simply and clearly, in a manner that goes directly to the heart, yet in polished and chosen language, shows the cultured woman.

The author not only amuses and entertains, but she appeals to the best that is in us and shows us some of the trials of the physician and of the physician's wife. She gives glimpses of the worries and fears and of the responsibilities of the doctor which in most cases he must bear himself, which he may not even share with his wife. She can only intuitively guess at them and indirectly help him to bear his burden by relieving him of all unnecessary worry.

The often unreasonable and irritating messages sent over the telephone may ruffle the most angelic temper, and the doctor of our story is often moved(!) to profanity; yet withal he is patient—wonderfully so—and, with all his severity, he is as gentle and as tender to his patients as a woman.

All honor to the doctor's wife who appears to us so charmingly in this book; all honor to the doctor himself who day in and day out, week in and week out, year in and year out, continued in his work, undismayed by its volume, unhesitating in the face of stupid prejudices and violent opposition, constantly with the deliberate purpose of aiding his charges.

The story is beautifully told and should be scattered broadcast, for it contains a deserved appreciation of the doctor and of the doctor's wife; it also helps to give the public some idea of the difficulties in these lives and of the burdens that are borne, usually so patiently and uncomplainingly.

CONDENSED QUERIES ANSWERED

PLEASE NOTE

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report their results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

ANSWERS TO QUERIES

Answer to Query 582.—"Signs of Pregnancy." One sign, and according to my own experience a valuable one, was not mentioned by the editor. Several years ago I read somewhere that, in the first six weeks, the body of the pregnant woman grows a covering of lanugo, i. e., very small, fine, white hairs. I have watched for this sign in all the cases I have cared for since then and have invariably found this lanugo present.

Someone defined man as a featherless biped. We may possibly, at one time during our evolution, have worn feathers; and, so, this phenomenon may be a relic of the distant past, corresponding to the fact in the present that all nesting birds in the breeding season grow a heavy coat of down, and which is used by them in lining the nest.

W. F. Schrader.

Fort Wayne, Ind.

Answer to Query 5825.—"Masturbation." If E. J. B., New Mexico, will get a copy of *The New York Medical Journal* for February 17, 1912, and read Dr. Huebner's article on masturabtion, he will find what he wants to know about his patient's needs. I want to say, for myself, a word, based on my experience and success, about this badly misunderstood class of patients. I want to tell the "family" that we must rid ourselves of the idea that masturbation is a habit or a perversion. It is not; rather, it is due to a definite pathologic condition, and one that can be relieved by intelligent treatment. The way the majority of doctors handle these unfortunate victims makes me want to say Damn, with a big D.

George C. Jones.

Vaughan, Miss.

Answer to Query 5546.—"Uterine Cancer." Dr. W. B. Hager, Nashvile, Tennessee, writes us that some years ago he treated cancer of the uterus, occurring in a woman forty-five years of age, by applications of quick-lime made into a paste with fuming sulphuric acid. This, smeared on cotton, was applied to the cervix through an extemporized speculum, used to prevent contact of any of this caustic paste with the vaginal walls. These applications were repeated from time to time, and as a result considerable portions of cancerous tissue were removed, and the condition of the patient was considerably improved. This method of treatment has been employed by Doctor Hager with good effect, though, of course, it effected no permanent cure. To most of us, this method of treatment seems crude and perhaps severe. Everything would depend upon the proportions of lime and sulphuric acid employed. If they were exactly balanced, so that only calcium sulphate was present, then the mixture would be an indifferent one; but if there was an excess of either the quick-lime or the acid, then the resultant paste would be a severe and perhaps a dangerous escharotic. Undoubtedly more permanent results can be obtained in such cases by extirpation of the uterus and its appendages.

QUERIES

Query 5826.—"Obstinate Urticaria." H. E. B., Illinois, requests suggestions as to treatment of a stubborn case of urticaria under his care. The patient, a woman of 45, has had the "large hives" for six months, without being entirely free from them at any time. The blebs appear all over her body, being worse on going to bed and in the morning, while usually very much less from 10 o'clock until bedtime. The urine, normal in amount, does not show sugar or albumen, but is slightly acid. The patient complains of indigestion at times. Appetite is good; bowels, regular; tongue, clean; color, good; menstruation, regular.

During the first two months the patient received a thorough cleaning-out, several times, with calomel or blue mass, and for two months took steadily saline laxative every morning before breakfast, and the combined sulphocarbolates (grs. 10) every

three hours during the daytime. Under this treatment, most patients of this kind get well in a short time, but it has failed in this case. The last two months I have had the patient on sodium phosphate, taken in warm water before meals. Practically everything recommended has been tried, but without the least results.

You say, doctor, that the examination of the urine does not reveal the presence of sugar or albumin, but that it is slightly acid and normal in quantity. A thorough examination of a specimen taken from the 24-hour output in all probability will demonstrate an insufficient excretion of urea and solids, and, on the other hand, the presence of indican and skatol.

Some time ago, another subscriber asked advice as to treatment in a case very similar to this one, the woman having received calomel, soda and iodides, lithium, ipecac, and several kinds of "alteratives," but the disorder was persistent.

As we all know, a skin eruption may be due to half a hundred systemic disorders, and these disturbances are more frequently met with in females. Occasionally, an individual predisposition seems to exist, but in practically every instance, gastric and intestinal derangements exert a potent contributory influence. Some suffer at the change of seasons, while others erupt after the ingestion of some particular kind of food, fish, pork, veal, nuts, mushrooms, strawberries, and cucumbers prominent among these.

The present writer once treated a woman in whom the eruption invariably appeared after a mental "storm" (unfortunately this particular individual was angry most of the time), when a sharp toxemia would set up, and its presence be manifested within forty-eight hours by an urticarial eruption.

We must bear in mind, also, that frequently patients suffering from malaria or diabetes are affected in this manner. However, the most recent investigations prove that an underlying acidemia is almost always present.

We suggest, doctor, that you examine this woman very carefully, in the meantime securing free elimination. Give blue mass and soda, gr. 1-2; xanthoxylin, gr. 1-3; rumicin, gr. 1-2; one such dose every hour from 7 to 10 p. m., repeating every other night for a week. The next morning, before breakfast, prescribe a full dose of some laxative saline, to flush the bowels. To insure elimination of the uric acid, give carbonates of calcium and lithium, with colchicine, midway between meals. Also, 10 drops of dilute phosphoric acid in a glass of water with meals. A laxative containing podophyllin and sulphur, associated with sulphocarbolate of sodium, will prove excellent alternant medication.

Should the attacks recur, swab the affected area with a camphorated solution of menthol, with some sodium biborate added. Another excellent application is an ointment consisting of carbolic acid, 15 grains; oil of peppermint, 15 minims; zinc oxide, 3 drams; lanolin, 12 drams; vaseline, 1 ounce.

Diet the patient carefully. Direct her to sponge the skin thoroughly with a carbolized solution of magnesium sulphate (magnesium sulphate, 1 ounce; water, 1 quart; carbolic acid, 10 minims) three times a week, following this with brisk friction with a rough bath-towel. Zinc phosphide sometimes acts with almost magical celerity in these cases, 1-64 grain, given every three hours for a day or two, being ordinary dosage.

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QUERY 5827.—"Urethral Discharge and Domestic Turmoil." O. M. B., Illinois, has among his patients a man and wife who are having serious domestic troubles, due to the fact that the husband has an occasional discharge which produces practically the same kind of a stain upon his linen as would semen. It causes a stiffness of the linen, is of a yellowish or light-greenish color, and, when held toward the light, shining crystals can be seen. He is about 50 years of age, of fair health, but not robust, has no bad habits. He has no urinary troubles, except being obliged to urinate one to two times nightly; however, he has a uric-acid diathesis. He claims that the discharge is involuntary and that he is absolutely true to his wife.

A specimen of the discharge should be sent to a pathologist for examination. Your patient seems to suffer from prostatorrhea. The emissions, which undoubtedly occur, are not necessarily of semen, though the crystals you speak of are almost diagnostic. Examine the testicles, prostate gland, and rectum carefully. It is also necessary to exclude vesiculitis, though in chronic spermatocystitis pain and blood or purulent discharges usually are present. Has this man ever had gonorrhea? It might be well to pass a sound and see whether there is hyperesthesia of the deep urethra.

Impress upon the woman the absurdity of her position. Her unfortunate husband can no more control these discharges than she can a leucorrhea. The underlying cause in every instance must be discovered and removed. You will probably find an enlarged prostate gland. Your patient may also suffer from proctitis or a constricted sphincter ani. Dilatation of this muscle, the passage of cold steel sounds, wearing of a snugly fitting supporter (if enlargement exists), and treatment of the prostate gland and deep urethra should speedily put an end to the disorder. Do not attempt, however, to work in the dark. Find out just what pathological condition you have to cope with and then institute definite remedial procedures.

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QUERY 5828.—"Enlarged Thyroid Gland in a Child." A. J. McD., Wisconsin, is treating a boy, 5 years old, for bilateral enlargement of the thyroid gland. Tachycardia is not very pronounced; exophthalmos not discernible. The mother says enlargement came on rapidly and she did not notice any until three weeks ago. There is marked enlargement now. Suggestions for treatment are requested.

You cannot do better than to place your little patient upon the treatment outlined herewith, modifying it, of course, to meet individual requirements as necessity arises.

Three times daily, for two weeks, calx iodata, gr. 1-3; phytolaccoid, gr. 1-6; ergotin, gr. 1-6. The following week the calx iodata is dropped and iron iodide, gr. 1-12, substituted; the ergotin yields to iridoid, gr. 1-2. In one week the first treatment is resumed. Morning, noon, and evening the dosimetric trinity is given. At bedtime the patient's neck is wrapped in a compress wet with a carbolized solution of epsom salt. The following week a solution of potassium iodide is given. Alternate thus week and week about.

If possible, apply vibration twice weekly. At the end of a month give 1-2 grain of desiccated thyroid gland or one of the standard thyroid-extract tablets, thrice daily, for two weeks. If the goiter has not almost disappeared after two months of treatment, recommence the original medication; rest a week, and begin the same treatment anew.

Cactin or sparteine will prove the best cardiac tonics; dyspnea disappears (as does vertigo) after a week. The bowels must be kept open with a simple saline laxative.

In vascular goiter, a course of atropine will prove useful. Also, 15 minims of a 10-percent alcoholic iodine solution may be injected twice weekly into the growth. Treatment otherwise as above. The galvanic current is useful, one pole being a pad saturated with potassium-iodide solution.

In exophthalmos, chromium sulphate proves of extreme value, but it is not useful in most cases of simple goiter.

Familiarize yourself with the condition of this little fellow's body-chemistry, and if it is at all possible to do so, send specimen of blood-smear to our pathologist, every two or three weeks.

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QUERY 5829.—"Adenoids." G. H. P., New Jersey, asks us to tell him "something about adenoids," and continues: "We hear much about them, but get little satisfaction out of current medical literature. What are they (substance)? Where are they (locality)? What do they signify, and to what do they lead (prognosis)? How treated?"

Naturally, doctor, it would be impossible to discuss adenoids here in great detail and must refer you to any modern textbook upon diseases of children or nose and throat. We may, however, answer your five questions briefly.

1. By the term adenoids, we understand a hypertrophy of the mucous glands of the nasopharyngeal vault. They consist of a lymphoid tissue varying in consistency, some being friable and sponge-like, others containing a large amount of connective tissue.

2. Adenoids are found in the nasopharyngeal vault; the tonsils may or may not be enlarged.

3. The presence of adenoids may mean little or a very great deal. Children so affected are usually "mouth-breathers," and if the pharyngeal vault is small, a comparatively small mass of adenoid tissue causes marked obstruction to respiration; hence deoxidation of the blood. Adenoids also frequently cause a troublesome cough, the latter being frequently attributed to stomachic disturbance, dentition, nervousness, and so forth. No special class or type of child is affected. Adenoids are found not only in the delicate and ailing but also in the strong and perfectly well. Lymphatism can hardly be accused of having any definite part in the production of the majority of adenoids.

When adenoids affect a child inimically, i. e., when the mass is large enough to cause obstruction, we will find open-mouth snoring at night, a stupid expression, disturbed articulation, more or less persistent nasal discharge, deafness, inability to blow the nose (the adenoids acting as a valve and obstructing the posterior end of the nasal canal), and more or less cough. This is a clinical picture which can be produced by no other known condition.

4. The prognosis is excellent provided the abnormal growth is removed. Occasionally children outgrow the condition; that is to say, the hypertrophy disappears at puberty. The damage to the child's constitution has already been done and adenoids, if they cause any disturbance at all, should be promptly removed.

5. Adenoids should be removed by operation in every case. Early infancy is no contraindication. In such instances, it is possible, frequently, to crush the growth with the clean index-finger nail, as the tissue at this early age is very soft and friable. Older children should be anesthetized and the adenoids removed with a Gootstein or some other curette. The operation is extremely simple and may be performed at the physician's office. For technic see any modern work on pediatrics or minor surgery. The writer uses ethyl chloride in preference to ethyl bromide, giving an hour prior to an anesthetic injection of hyoscine-morphine-cactin.

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QUERY 5830.—"Leucorrhea." G. S. W., New York, very kindly writes: "I always get good points from you when I ask you questions about difficult cases, and therefore now want to ask you about a woman of thirty years who is troubled with a profuse acrid leucorrhea. At times the vagina will apparently be coated with a cheese-like substance, and then, again, there will be a thin, watery discharge that excoriates the passage, and she has to coat the labia with vaseline to prevent being excoriated. I have prescribed vaginal douches and the use of nuclein and the triple arsenates, along with your vaginal antiseptic. Give me some advice as to further treatment. The woman is married and this or the acrid vagina is painful to her during certain conditions."

Let us call your attention to the series of articles by Candler at present running in this journal, under the heading of "The General Practitioner as a Gynecologist." As Dr. Candler points out in the September, 1911, number, the source of a leucorrhea must invariably be ascertained, and treatment based upon the underlying conditions. It would be well, before medicating this patient further, to send a specimen of the vaginal secretion to our pathologist.

Make a thorough examination and see whether there is any uterine disease. Note the condition of the vaginal walls, fornices, cervix, and so forth. How long has this woman been married? Has she borne children? Any possibility of a specific infection here? It might be advisable to examine the husband and quiz him as to prenuptial conditions.

When the vaginal discharge is hyperacid, a solution of the antiseptic powder composed of zinc sulphocarbolate, salicylic acid, boric acid, alum, menthol, and eucalyptol—one teaspoonful to 3 pints of water—will prove an excellent douche. The parts may then be smeared liberally with a standard antiseptic oil or a mixture of equal parts of carbenzol and resin ointment. A suspension of the bacillus bulgaricus would, under certain circumstances, prove promptly remedial.

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QUERY 5831.—"A Fatal Case of Ileus." B. F. V., Oklahoma, reports an interesting case, "not," as he puts it, "with the idea of confirming my diagnosis, but in the hope that, if I was in the wrong, I may be given a jolt that will make me see things should I be confronted by a similar case again." To quote further:

"On February 1, C. P. called at the office. He gave a history of severe headaches, and of constipation. He was a large, plethoric man of 230 pounds, aged 43. He had had an attack similar to this one two months before, in which his mind was obscured. He described it simply as forgetting where and who he was. The headache was so intense as to cause nervousness and great suffering. His whole appearance, odor of breath, and so on, bespoke an exceedingly foul alimentary tract.

"I prescribed calomel, podophyllin and bilein, one granule every half hour for eight doses, to be followed by a saline laxative. This physic to be followed by sodium sulphocarbolate, 5 grains every four hours for two days. Then again calomel, bilein and podophyllin, this to be followed again by the intestinal antiseptic. When the bowels had acted well, he was to take a medicine of ammonium chloride, containing 8 grains per dose, three times a day.

"The patient felt much better until February 16, when I found him with a splitting headache and the foulest breath imaginable. He had another mental lapse. He told me that he was planning to come to town to see me, and then he came to in the yard putting the spring-seat on the wagon. This attack was of one day's duration, he having felt much better than usual after the first intestinal cleaning out.

"I administered another round of calomel, this time in powders, to be followed by the saline laxative and the sulphocarbolate antiseptic; these to be repeated in rotation to effect. The man being a voracious eater, I ordered a light diet, or rather a restricted diet; and the day following my visits he contented himself with two or three slices of toast and two poached eggs, with a few trimmings for dinner.

"On March 2, I was called again and found him not as bad as he had been on previous occasions. His mind was clear, but his head ached severely. I administered more calomel; but, his heart being weak, I added strychnine to the eliminants. This was supplemented by a high enema, which brought a lot of scabyllæ and fetid fecal matter.

"That treatment brought him up again, but on March 7, I was called again, and found him in about the same condition, except that the headache was worse. He also reported that the second dose of purgative had not worked, despite the laxative saline following it. I went to work with the rectal tube, but repeated injections of soap-suds, salt water, glycerin, and turpentine water. All failed to bring returns. He seemed not to be a seriously sick man, but I determined to camp on the trail of that mass and get it if I could. I administered elaterin and castor oil until the stomach revolted, but without any results at all.

"The headache keeping on increasing in intensity, I finally had to do something to relieve that. I had used monobromated camphor and sodium bromide without results, and so at last I gave hyoscine-morphine-cactin modified, hypodermically, This served the purpose. Later trying to use the rectal tube, I found it impossible to introduce it, and when I introduced my finger, well lubricated, he cried that I was killing him. The lower bowel seemed to be in a spastic condition. At this point I called for counsel.

"The patient had 'gone out' about 2 o'clock and knew nothing thereafter. He vomited then and was very weak, but a hypodermic of strychnine caused him to rally, although he lay in a stupor. The consultant arrived at 10 o'clock and he confirmed my diagnosis of intestinal obstruction. No tumor could be palpated, but the man was in intense agony from about 4 o'clock and had to be held on the bed. We administered croton oil (which was promptly ejected), and gave copious enemas, which were retained. Stertorous breathing began after 11 o'clock and continued to the end, which came at half past two in the morning. A third doctor arrived just before death, who, after getting the full history, gave a diagnosis of acute intestinal obstruction.

"As I see it, that man died a victim of toxemia. I think that he was improving under the treatment. I know he was until that last round, which loosened sufficient dried and caked fecal matter to cause a lodgment somewhere in the bowel, although we could not find it; nor was there any tenderness twelve hours before death. There was considerable tympany after 2 o'clock, i. e.. twelve hours before death. How I wish we could have held an autopsy.

"It does no good to look back over things, but I feel that I fell down in not 'going after' that mass hard enough. There was a slight polyuria, but examination showed neither albumin nor sugar, and the specific gravity was 1018. All apparently was well here after the first visit.

"Now, doctor, did I miss the whole business or did I do only a little of what I should have done a great deal? You know there is a meningitis

epidemic in parts of Oklahoma, but the history of the case, the insidious nature, the absence of retraction, of projectile vomiting, and of opisthotonos negated that diagnosis; yet I am not quite sure that it was not atypical spinal meningitis of which the man died."

We have very carefully considered the clinical data presented in this letter, and are constrained to say, with regrets, that the administration of purgatives—in a case of intestinal obstruction—is a serious error—that is, when once suspected. In chronic intestinal obstruction, enemata may be given, but purgatives should be carefully avoided, and the cause of the obstruction must be discovered.

Frequently there is a stricture of the rectum, which should be stretched; occasionally the stricture is in the small intestine, and here prompt resection and union of the ends with a Murphy button proves effective. As you are aware, bands about the intestine frequently cause partial stenosis or twisting, and the life of the patient is indeed a miserable one. An early laparotomy then is indicated. In intussusception, air should be forced into the bowel, the operation being best done under anesthesia, with the patient in an inverted position. Too much time should not be spent in inflating or injecting fluids; if the condition is not relieved promptly, a laparotomy should be performed. In ileus, the sooner the patient is operated upon, the better the chances of success. Patients of sixty-five have recovered after the removal of eighteen inches of gangrenous intestine.

One suggestion from our own experience: Where you have reason to believe that a fecal mass or masses are retained, inject, with the patient in the knee-chest position, a pint or even two pints of pure kerosene (petroleum), massaging the abdominal wall thoroughly in the mean time. Then introduce a quart of very warm soap-suds or salt water, instructing the patient to retain the fluid as long as possible.

Sometimes enormous masses of almost stony hardness are secured by this method, in one instance the fecal concretion, which was the size of a good potato, having through its middle a corkscrew channel through which fluid feces found egress. These concretions frequently lie close to the hepatic flexure and more than once have been mistaken for malignant growths.

You do not give us any idea, doctor, of the patient's temperature in this case; neither do you seem to have tested the reflexes, so that it is impossible to venture an opinion as to the probability of meningeal involvement. Frankly, we believe that the patient suffered from chronic retention, and in the end died from acute obstruction (ileus). The chances are that prompt operation would have saved the man's life. It is, indeed, to be regretted that an autopsy was not secured.

By the way, have you had peculiar cases of laryngitis with an accompanying adenitis in your locality? An epidemic of highly contagious throat disease has existed here, in fact, seems to be pretty general throughout the country. In several instances we have discovered, in smears secured from the tonsils and nasopharynx, bacteria resembling those present in diphtheritic roup of fowls, and the writer has come to the conclusion that this epidemic is a natural result of the run of roup which occurred in the poultry yards last fall. The symptoms are extremely peculiar, and in one or two instances the disease has ended fatally.

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Query 5832.—"Antacids, The Arsenates and Lecithin." M. G., Massachusetts, wishes to use something in place of calomel, podophyllin, and soda for acidity of the stomach. He uses that formula with good results, but frequently finds it too much of a cathartic. He also inquires whether the triple arsenates and neuro-lecithin may be given at the same time.

The combination of calomel, podophyllin, and soda can hardly be regarded as a desirable antacid for general use. It is, as you have discovered, an active cathartic. The sodium and xanthoxylin compound (sodoxylin) is very much to be preferred, giving one-fourth to one-half a teaspoonful one hour before meals. Or else try this one: Carbonate of sodium, gr. 1; sulphocarbolate of sodium, gr. 1; emetoid, gr. 1-134; hydrastoid, gr. 1-6; rheoid, gr. 1-6; with aromatics. Another excellent antacid is this: Papayotin, gr. 1-3; vegetable charcoal, gr. 1; sodium bicarbonate, gr. 2-3.

Neuro-lecithin and the triple arsenates may be given in conjunction, the neuro-lecithin being taken on an empty stomach midway between meals, and the triple arsenates (because of the arsenic-content) immediately after eating.

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Query 5833.—"Furunculosis, Facial Indurations." G. B. H., Kentucky, writes: (1) "What would you recommend for a little girl of ten who has boils? She had measles last winter and since then has constantly had small boils. (2) What would clear the complexion of a 17-year-old girl who has lumps on her face?

1. The little girl troubled with furunculosis will probably respond to a course of the phosphates (nucleinated), calcium sulphide, and the triple arsenates. Give calcium sulphide, gr. 1-2, six times a day for three days, then four times daily. The phosphates, half an hour before food; the triple arsenates, after eating. Initiate treatment by cleansing out the bowels thoroughly with calomel, gr. 1-10; and podophyllin, gr. 1-64, given half-hourly for four doses at night; and a laxative saline the next morning. Repeat on the fifth and tenth days. The urine of this child should be examined. She may be diabetic.

2. To clear the complexion of the young woman, give alnuoid and irisoid before meals, and the arsenates of iron, quinine and strychnine with nuclein (or arsenic sulphide) after food. Locally, use carbenzol or a similar soap. Maintain free elimination. Examine the urine. Do you mean by the expression "lumps on the face" that she suffers from acne indurata? Give us a little clearer clinical picture.

QUERY 5834.—"The Bugaboo of the Bigger Dose Still Lives." R. A. H., Iowa, writes: "I could and I should use more of the alkaloidal preparations if the pellets were made a little larger as to content. I think that, to give a patient 20 or 25 granules and charge him twenty-five cents seems like a 'hold-up' to him; but, if they (these 25 granules) were of the ordinary tablet size there would be no kick coming."

Once in a while this old, ridiculous question of the *size* of the alkaloidal tablets bobs up. As a matter of fact, the standard granule (or tablet) represents the smallest known-to-be-effective dose of an active drug for an adult; hence, the usual full dose for a child, and nothing else. "Filling," flavoring, and inert material generally are entirely absent. In this connection, a few remarks as to the apportionment may be in order.

When, years ago, the manufacture of granules was begun in Chicago, the manufacturer naturally followed the precedents established by European dosimetrists, and he computed doses in milligrams, and assumed the milligram to equal 1-67 of a grain, although it really is between 1-64 and 1-65 of a grain. Inasmuch as 1-64 of a grain has been adopted, by the United States Pharmacopeia, as the standard equivalent of 1 milligram, the American manufacturer has accepted that formula, and, so, hereafter you will find, in the dosimetric catalog, 1-64 of a grain to take the place of 1-67 of a grain, and related fractions in proportion, i. e., 1-32 will replace 1-33, and 1-128 instead of 1-134.

This standard dose of 1-64 of a grain has certain decided advantages. Thus it can be divided or multiplied readily by two, and the result again by two, so that larger or smaller doses can very conveniently be given; diminution being secured by *solution* of granules, and increase by giving several granules at a time. Furthermore, as there are 32 dram-doses in a 4-ounce bottle, the busy physician can readily compute the number of tablets or granules necessary to prepare a solution of any active principle.

Since 1-6 of a grain represents 1 centigram, no change will have to be made in this case, the tablets or granules containing even hundreds, i. e., 1-100, 1-500, and 1-1000 of a grain, respectively.

It you will explain to your patients that all the *effective* remedial material present in an 8-ounce bottle of medicine (or large pill or tablet) is present in a score or less of your little granules, while the rest of the "stuff" they have to swallow consists of water, alcohol, syrup, flavoring, and inert matter, they will very soon take kindly to the "little pills."

A man can carry 25 to 100 full doses of a positively active remedial agent in a little vial in his vest-pocket; he certainly could not so convey the same number of doses of a galenical preparation; and, anyhow, one never is quite sure that the fluid extracts and tinctures contain the principles he desires to give in definite quantity.

The doctor does not (or at least should not) *sell* medicines. He is paid for his ability to cure or relieve the ills of his patient, and most people would prefer to pay five dollars to a man who can get results in forty-eight hours by giving them a few tasteless, yet positively effective, granules, than to pay two or three times that sum to another physician whose treatment lasts weeks, and who compels them to swallow nauseous medicine by the pint.

Results is what counts in these days. The man who can do things in the quickest possible time, with the use of the least medicine, gets the practice. At least this has been the experience of more than 50,000 practitioners in this country alone. When it is necessary to give 2 or 5, or even 10 grains of a drug or combination of drugs, the large tablet is essential. But, would it not be ridiculous to take, say, 2 grains of sodium bicarbonate or quinine and add 8 grains of some inert substance, just to make a 10-grain tablet?

These are the days of exactitude—of definite therapeutics. The successful practician diagnoses precisely, and demands positive effects from his remedies. Haphazard combinations of preparations of unknown potency are no longer given, with the faint hope that they will "do some good." Recognized pathologic conditions obtain, which can be controlled or dissipated by "dose enough" of certain remedial agents that exert a known effect. What, under the circumstances, could be preferable to the mathematically correct "smallest effective dose" of the active principle itself in an always available, unchangeable, and readily soluble form?

Time passes swiftly, doctor, and methods change as men advance. The doctor of today must have, not quantity, but *quality*—or fail.

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QUERY 5835.—"Toxicity of Quinine Hydroferrocyanide." W. C. G., Pennsylvania, wishes to know the therapeutic limitation, that is, the physiologic signs of a toxic dose, of quinine hydroferrocyanide.

We do not believe that a single case of poisoning from quinine hydroferrocyanide has been reported. Very massive doses have been given; and, while one naturally would infer that evidences of cyanide poisoning would manifest themselves in the individuals receiving excessive doses of the drug, as a matter of fact, before the cyanide poisoning could occur, the patient would have to receive such enormous quantities of quinine that cinchonism in a marked form would be apparent. Hence, we should look for signs of *quinine* sufficiency; vertigo, ringing in the ears, headache, and so forth.

You are familiar, of course, with the symptoms of cyanide poisoning. The doses recommended in this journal could hardly produce toxic symptoms. We are inclined to believe that large doses, i. e., 5 to 10 grains three times a day, would simply produce cinchonism; if the drug were continued further, symptoms of cyanide poisoning might possibly manifest themselves.

We regret to be unable to give you any more definite information, but the writer's personal experience has been with ordinary doses, while a search of the literature of the drug at our disposal fails to reveal anything of interest regarding the toxicity of the cyanide-content.

Query 5836.—"Dosage of Emetine and of Apomorphine." C. K., Wisconsin, writes: "I am unable to find any rules regarding the dosage of emetine or of apomorphine as stimulants of the bronchial secretion in the late stages of bronchitis, and so on, more particularly in the case of infants."

The expectorant dose of emetine is 1-64 of a grain. Larger doses, say, 1-32 of a grain, may sometimes be necessary for adult patients. Whenever it is desirable to liquefy the mucus in catarrhal diseases of the respiratory tract, one or two granules of 1-64 grain may be given to a child half-hourly or hourly until the cough is easier. If there is any pain, add codeine, 1-64 grain, every second or third dose. Infants may receive one teaspoonful of a solution made by dissolving 15 granules of 1-64 grain in 24 teaspoonfuls of water, half-hourly or hourly. Should vomiting be produced, reduce the dose one-half.

The expectorant dose of apomorphine is 1-64 to 1-32 of a grain hourly. The properties of this drug, as you know, are expectorant and relaxant. In capillary bronchitis, the internal administration of apomorphine, combined with several other remedies, that is, is not only more efficacious than the hypodermic use, but freer from harmful results.

Occasionally it is desirable to produce prompt emesis. Then 6 or 8 granules may be given hypodermically, or (preferably) the regular hypodermic tablet, gr. 1-30, 1-20 or 1-10, be employed.

Emetine and apomorphine often may be alternated with advantage, and the writer gives helenin with emetine, in most cases, with most satisfactory results.

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Query 5837.—"Aqua Laurocerasi, Extempore. Eye-Bright. M. B., New Jersey, medical missionary to India, says that, in the Orient, decoctions of eye-bright prove a wonderful remedy for conjunctivitis and chronic inflammations of the eye. He queries: (1) "Can a portable preparation of this drug be procured or must the fresh plant be used? (2) Is not cherry-laurel water, which is also used largely as a collyrium, made from hydrocyanic acid? In missionary work, it is found very soothing, but expensive."

Euphrasia officinalis (eye-wort, eye-bright) is but little used. When fresh, the plant has a faint balsamic odor, but which is almost completely lost on drying. The taste is somewhat saline and bitter scarcely astringent. The constituents of the plant, are not known thoroughly, although tannin, a little volatile oil, an acrid and bitter principle, several acids, mannite, and glucose have been isolated. The tannin precipitates ferric salts dark-green.

As you may be aware, the virtue of euphrasia as a collyrium is mainly due to the presence of tannin, although the bitter principle may, of course, exert some action upon the inflamed mucosa. The dry herb can be procured, but we should imagine that the most effective preparation would be prepared from the fresh plant. It ought not to be a difficult matter to prepare a concentrated extract, which could be diluted as required.

Aqua laurocerasi depends for its action chiefly upon the hydrocyanic acid contained in it, this being sedative. The water is prepared, according to the British Pharmacopeia, by taking fresh leaves of cherry-laurel, 1 pound; water, 2 1-2 pints; chopping the leaves, then crushing them in a mortar, macerating in the water for twenty-four hours, and then distilling 1 pint of the liquid. (These are imperial measures.) The proportion of hydrocyanic acid present is determined by means of titration, as described in the American Dispensatory. Our American wild-cherry leaves could be substituted for our use.

Oil of bitter-almond water has been substituted for cherry-laurel water, which, as imported, is variable in strength. An examination of the oil which rises upon the surface of cherry-laurel water shows it to consist chiefly of bitter-almond oil, accompanied by less than 2 percent of hydrocyanic acid, the same proportion of another volatile oil, and traces of an odorous resin. The U. S. Dispensatory gives directions for making the preparation artificially.

The National Dispensatory states that cherry-laurel water depends for its properties upon the small quantity of hydrocyanic acid which it contains, amounting to about 1-10 of 1 percent. Because of the volatility of its active principle, it varies greatly in strength, sometimes producing effects which are excessive and again being almost devoid of influence.

A very weak dilution of hydrocyanic acid might possibly make a satisfactory collyrium. Frankly, though, we think there are better and safer preparations. We suggest that you write Lloyd Brothers, Cincinnati, Ohio, and W. S. Merrill, Cincinnati, for information relative to eye-bright.

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Query 5838.—"Fucus Vesiculosus." E. A. McE., Missouri, wishes to know whether bladder-wrack contains any active principle. He finds it invaluable for reducing a superabundance of fat.

At the present time fucus vesiculosis is not very extensively employed in medicine, but, as to its efficacy, that unquestionably is due to the presence of iodine and bromine in this marine weed. Other constituents, besides the peculiar cellulose, are a therapeutically inert, volatile oil, and considerable mucilaginous material. The iodine and bromine are contained in the ash in the form of sodium and potassium salts. Various allied species of fucus have also been used experimentally.

We should hardly expect to secure an effective concentration, even from bladder-wrack; for, as pointed out, its efficacy unquestionably is due entirely to the small iodine- and bromine-content; and we have better methods of exhibiting those two elements. Still, we have been experimenting somewhat extensively with fucus, hoping to discover some useful property of the oil. Most of the "antifats" sold today contain some preparation of phytolacca decandra and an extraction of fucus. As you doubtless are aware, phytolaccoid (a concentration) is obtainable in reliable quality.

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WHAT KIND OF CAR SHOULD THE PHYSICIAN BUY?

There is no longer any question as to the advisability of any physician owning an automobile. The practical utility of the car has answered this question long ago, so that today every physician who can afford it, and realizes that he *should* afford it, is concerned only with the question of what car to buy.

This question is apparently a broad one on first consideration, due to the fact that there are a great many different "makes" of machines. But as one considers the various points most essential in a car for a physician's use many cars that are good in a general way are eliminated.

First, a physician wants a car of a character and style that harmonizes with the dignity of his profession. He wants a car that is above criticism, and naturally he wants to obtain this style without excessive cost.

A physician needs a car of unquestioned dependability, even under trying conditions; a car that will go to the end of the trip without a falter; a car that is built for speed, and that while making speed, will not shake the life out of either the driver or the car itself. This means a properly constructed chassis, good working parts throughout, a long wheel base, strong wheels, and a low center of gravity.

A physician must travel day and night, the year around, and he needs a car that can be adapted to all kinds of weather in all seasons of the year. There are cars, like the Pathfinder, built by the Motor Car Manufacturing Company, Indianapolis, in which the chassis is built for receiving either the Touring Car, Phaeton, Roadster or Coach bodies, all of which are interchangeable, so that with one chassis the physician can have a car adapted to any seasonable requirement.

For these same reasons a physician should have a car in which all the working parts are protected, safe from dust, sand, mud, water, and so on.

A physician wants a car that will travel well on country roads, adapted to hill-climbing, safe in mud or sand, and a chassis so built it will not strike in going over a culvert or the curve of a sharp hill. In this respect again, cars of the Pathfinder build are particularly desirable, for while the center of gravity is considerably below the axle, the construction of the chassis eliminates any danger of striking.

Taken all in all, the Pathfinder car embodies all the essential features in a car best adapted to a physician's use. The Superior construction of the chassis, the Continental long-stroke motor, Eisemann Bosch Magnetos, the Schebler Carburetor, the Full-Floating Axle, exceptional dust protection, the splendidly built and finished bodies, and many other important points commend themselves to the physician who wants a really high grade car at a moderate price. When writing mention CLINICAL MEDICINE.

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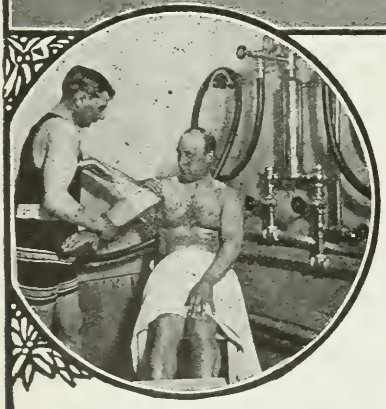

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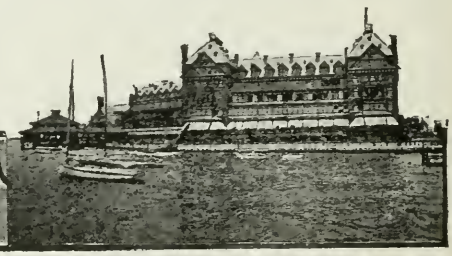

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This is the kind of book that pays dividends—one that helps every doctor-reader to do more for others and to earn more for himself. It is a whole library in itself.

Those who are using the active principles largely in their practice, and those who are using them only in a limited way, ought surely to have this book within easy reach; if one's library were limited to but half a dozen books, it seems to us that "Alkaloidal Therapeutics" ought to be one of them, and we heartily recommend it to the readers of this Journal.

The book tells exactly how to apply the medicinal alkaloids (active principles) to curative effect in the treatment of the sick. The authors are authorities on the subject. They know whereof they write and furnish a big fund of working data, evolved out of actual practice in the office and at the bedside, which can be coined into dollars every day in the year.

It is nicely bound in cloth and contains over eight hundred pages.

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THE Jaeckh Mfg. Co., 422 E. 8th Ave., Cincinnati, are now offering an apparatus that should be of decided interest to every doctor who uses compressed air or vacuum for any purpose. The Robertson electric compressed air and vacuum machine makes it possible to clear your office of all cumbersome pumps, tanks, and so on. Occupying a space of only 9 x 18 inches it answers all purposes of spraying, nebulizing, massage, hyperemia treatments, etc.

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Borden's Condensed Milk Co.

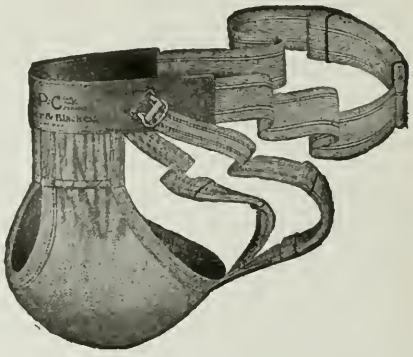
"Leaders of Quality"

Est. 1857. New York.

The Scientific Suspensory

The O=P=C

Old
Point
Comfort



For 20 years the standard suspensory. Prescribed by physicians more than any other suspensory, by fully ten to one.

The one suspensory which is correct anatomically.

The one suspensory with a seamless sack, which is self-adjusting to any condition.

The one suspensory which gives to the wearer even, normal support and which leads to no constriction.

A moment's inspection will convince any physican that this is the only scientific suspensory.

They are washable. Made in lisle and silk. No. 2, lisle, 75c.—No. 3, silk, $1.00. All Druggists sell them.

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2,000 Products

This is one of the 2,000 things that we make, largely for use by physicians.

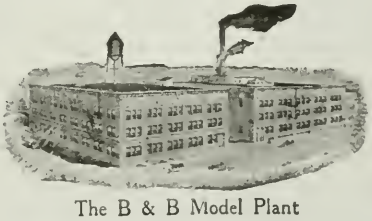
They are made by men who have spent 25 years in perfecting ideal products.

They embody ideas which we have gained from thousands of surgeons who have offered suggestions.

They are made by modern methods, in a model plant, under aseptic conditions.

Whenever you specify a B & B product you get the utmost.

Ligatures
Sterile Dry Gauzes
Sterile Moist Gauzes
Gauze Bandages



The B & B Model Plant

Suspensories
Absorbent Cotton
Medicated Plasters
Adhesive Plaster

Bauer & Black **Chicago and New York**

HINTS FOR SUMMER DISEASES

1. Anodyne for Infants. This suffices in most cases of simple diarrheas in children. Empty the bowels and withhold milk.

2. W-A Intestinal Antiseptic. For old or young. Clean out at once with Calomel and Saline, meanwhile giving the Sulphocarbolates, and continuing till fetor leaves the stools.

3. Chlorodyne. When there is severe pain. To be associated with a quickly acting purge, and usually with an enema.

4. Diarrhea, No. 1. Contains 1-8 grain calomel, with morphine, ipecac, capsicum and camphor. Every half hour until relieved. Then sulphocarbolates—and a clean-out.

5. Diarrhea, No. 2. No calomel, but contains emetoid, capsicin, camphor, bryonin and hyoscyamine. Good when there is pallor, pain and "gripes." One every half-hour—but clean out quickly, perhaps by enema first. Finally see that bowels are emptied (if stools are fetid) with calomel and Saline. Sulphocarbolates.

6. Antidiarrhea and Dysentery. Contains cotoid, codeine, hydrastine hydrochloride, berberine hydrochloride, and copper arsenite. This is a dandy in the diarrheas of the older children. Useful in the cases having a tendency to chronicity.

7. Zinc and Codeine Compound. Contains zinc sulphocarbolate, with codeine, hyoscyamine and strychnine. Particularly indicated in nervous and asthenic diarrheas.

8. Galactenzyme. Use these tablets in all cases of diarrhea showing a tendency toward chronicity. First see that the bowels are kept free. Should be taken for a full month.

Our Calomel with Aromatics tablet is the ideal laxative for the little ones, especially when the stools are offensive. The babies love 'em—also the doctor who gives them. Just the thing for summer diarrheas, and for all-the-year acute constipation. For quick action follow with Saline-Laxative lemonade. Can be given in the nursing bottle.

$100,000 NEW IMPROVEMENTS JUST COMPLETED AT MUDLAVIA

All at your service, Doctor. Come and see what a beautiful place we have—nothing like it. Any patient you send will be cared for in a way that will protect your professional relationship. Write us for our new book of special interest to the profession.

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Any medical or surgical work published in the United States—no matter what it is—we can supply you promptly and can probably save you some money. Write for general catalogue.

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The Corset for Out-Door Life

Athletic Model

The Goodwin Athletic Model

GIVES

PERFECT COMFORT and SUPPORT without CONSTRICTION

Especially adapted for the woman interested in out-door sports, such as golfing, horseback riding, rowing, tennis, automobiling, etc.

Goodwin Models possess distinctive novel features, admitting of easy adjustment to any figure, and can be obtained with **front** or **back lacing;**

They solve the corset problem for the painstaking physician, and embody the latest scientific views on visceral support.

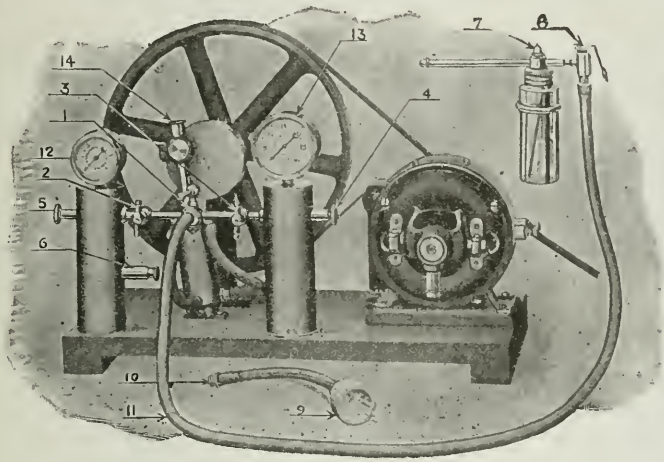
The GOODWIN is sold only by exclusive corsetieres. We will gladly send address of nearest shop upon request, where physicians may send their patients with every surety that they will receive the closest and most careful attention.

Send for Splendidly Illustrated Catalog

Goodwin

373 5th Ave., cor. 35th St., New York City

The Robertson Compressed Air and Vacuum Machine



No tank required. No labor. No waiting. The moment you turn the switch you have compressed air for spraying, nebulizing, etc. Valve No. 6 regulates the pressure to the desired force.

You also get suction for inducing hyperemia, etc.; also massage by alternating suction and pressure. By means of valve No. 4 the suction may be made mild or powerful, as desired.

This complete machine, occupying a space of only 9x18 inches, does everything heretofore accomplished by large, cumbersome pumps, tanks, etc., and is always ready for immediate service. Attaches to any lamp socket.

Price complete for direct current - - - - $45.00
Price complete for alternating current - - - $52.50

MONEY REFUNDED IF NOT SATISFIED

THE JAECKH MANUFACTURING COMPANY, 422 E. Eighth Ave., Cincinnati, O.

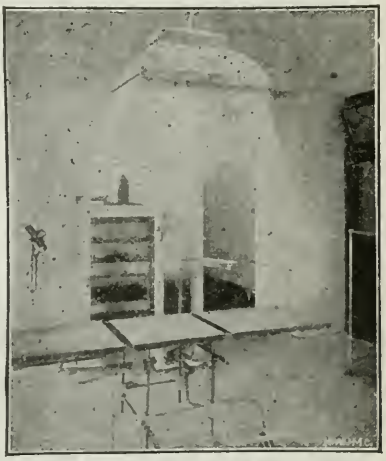
These Well Known Hospitals Use FRINK Ventilated Operating Table Reflector

The following are some of the hospitals in New York City that have installed FRINK OPERATING TABLE REFLECTORS:—

Bellevue Hospital
Sea View Hospital
East Tubercular Hospital
Metropolitan Hospital
Gouverneur Hospital
Yonkers Hospital
German Hospital
Emergency Hospital
Post Graduate Hospital

GIVES INTENSE WHITE LIGHT

NO HEAT ON SURGEON'S HEAD



One of the ten Frink Ventilated Reflectors in use at Post Graduate Hospital, New York

The FRINK Ventilated Operating Table Reflector is so constructed that six 100-Watt lamps produce an intense white light which is *all* concentrated on the *one* spot desired to be illuminated. Two vertical tubes, symmetrically arranged inside the reflector, create a partial vacuum within themselves when heated, causing a suction which draws a bank of cool air between two glass plates embodied in the fixture, and a continual draft results, which expels the heat upward and out through the tubes, always keeping a bank of cool air above the head of the surgeon. *Also built for J-M Linolite Lamps.*

Write Illuminating Department at our nearest Branch for complete information.

H. W. JOHNS-MANVILLE CO.

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Albany Chicago Detroit Louisville New York San Francisco Baltimore Cincinnati Indianapolis Milwaukee Omaha
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Toronto, Ont. Montreal, Que. Winnipeg, Man., Vancouver, B. C. (1723)

PLASMODIAL ANEMIA

In spite of the modern theory of the etiology of malaria and malarial affections (mosquito-borne infection) this plasmodial disease continues to be rife in certain sections of the country and bids fair to be, like "the poor," "always with us."

Every physician of experience appreciates the principles which should guide him in the treatment of the various acute manifestations of paludal poisoning, i. e., the destruction of the plasmodial hosts which have invaded the blood and which, if not eliminated, consume and destroy the red cells, the vital element of the circulating fluid.

When this purpose has once been accomplished the patient is but partly cured; the damage done to the red corpuscles must be repaired and the vitality of the blood restored, if re-infection is to be avoided. If there is any one condition in which direct hematinic or blood-building therapy is positively indicated, it is in Post-Malarial Anemia. As soon as the febrile period has passed, iron, in some form, should be given in full dosage. Pepto-Mangan (Gude) constitutes the ideal method of administering this essential blood-building agent in this as well as in any anemic condition. Both the iron and manganese in Pepto-Mangan are in organic combination with peptones and are therefore easily and promptly absorbed and assimilated without causing digestive derangement or producing constipation.

"GO TO THE BOTTOM OF THE TROUBLE!"

Acidemia is at the bottom of many ailments that confront the doctor, so prevalent today that it behooves every prescriber to be on the lookout for it. All remedies may fail if this basic defect is overlooked. But good and even brilliant results are obtained when it is recognized and dealt with as it should be.

Sodoxylin is for acidemia. It checks fermentation: neutralizes acidity; and promotes elimination. As the system is surcharged with fatty acids (products of fermentation) the urine becomes excessively acid and indican makes its appearance. The acidimeter and indicanmeter afford simple but trustworthy means of detecting these symptoms and guiding the administration of the remedy—Sodoxylin. Send for an interesting booklet on acidemia. The Abbott Alkaloidal Co., Ravenswood, Chicago.

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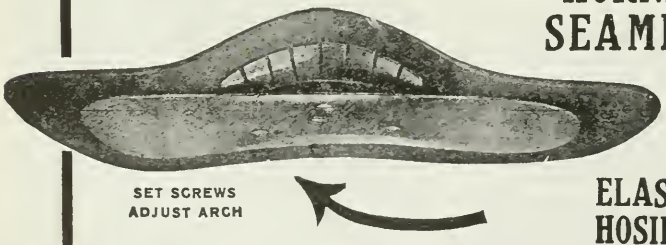
Doctor, do you want to sell your practice or buy another one? Do you wish to exchange or find a new location. Have you real estate or apparatus that you wish to sell or dispose of, let us help you. Write to the Business Opportunities Department, **The American Journal of Clinical Medicine** for Cassified Advertising Rates.

"Trufit" Adjustable Arch Lifts

FOR WEAK OR FLAT FEET

gradually bring the fallen or broken arch back to its normal position. You can minutely adjust the height by tiny set screws and secure any desired pressure that the case may require.



"HORNBRO" SEAMLESS SURGICAL ELASTIC HOSIERY

fits better and is more comfortable because of its peculiar weave and seamless feature. Guaranteed superior to any other make and costs no more. For varicose veins, swollen, bruised, sprained and ulcerated limbs.

Our complete line is sold by dealers throughout the world. If interested and unable to procure from your dealer we will gladly send illustrated and descriptive booklet on request.

WM. H. HORN & BRO., Inc.

454 N. THIRD ST., Established 1842, **PHILADELPHIA, U. S. A.**

Manufacturers of Trusses, Abdominal Supporters and Surgical Appliances

HORN'S STANDARD MEANS QUALITY

THE NEW Lastikops Bandlet IN THIS Corset Gives Better Abdominal Support

Than the Best Separate Abdominal Bandage That Can Be Bought at Any Price

We have recently shown this corset to a large number of famous physicians and surgeons and other eminent medical authorities.

Without exception, each has pronounced it a marvel of efficiency, *far surpassing all other corsets* in its hygienic features and surgical usefulness. It is being "prescribed" daily, in post-operative and other cases in which *complete and constant abdominal support* is indicated.

The semi-elastic Bandlet perfectly supports the abdomen from *underneath,* and at exactly the right spot. The Bandlet, being part of the corset, *can't slip out of place;* it performs its function perfectly, whether the wearer is standing or seated.

This useful surgical service actually *costs nothing,* for the corset is a great value at $5.00 simply as a *style* corset.

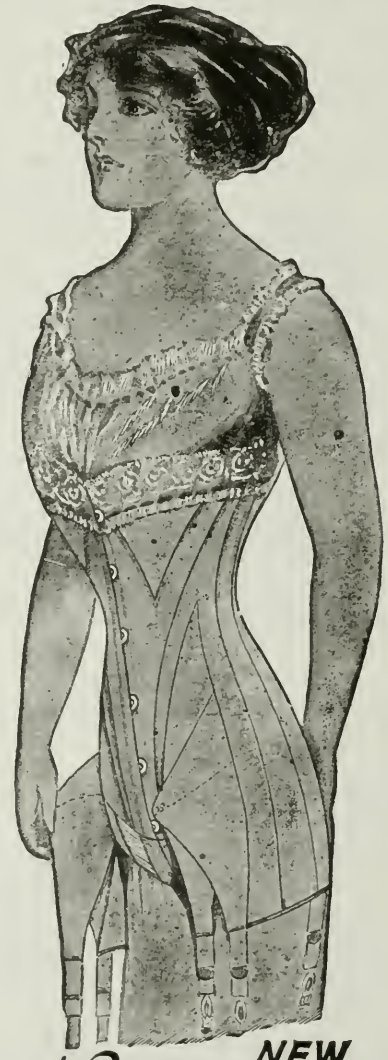
Incidentally, it serves as a splendid *maternity* corset by gradual adjustment of the lacing. Two models:

No. 523—with low bust
No. 522—medium bust } **$5**

IMPORTANT—This corset must always be worn in a size *fully large enough for the figure;* otherwise it will not give satisfaction. It is made in sizes from 20 to 36.

Illustrated Catalogue on Request.

KOPS BROS., Manufacturers, New York



THE RANDALL-FAICHNEY COMPANY EXPANDS

Increased Demand for Their Specialties Makes Larger Quarters Imperative

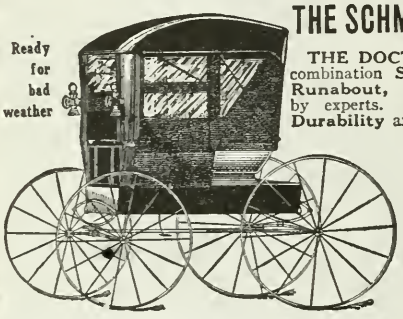
The Randall-Faichney Company of Boston, Mass., the well-known manufacturers of high-class Surgical, Clinical, Veterinary and Dental Specialties, are erecting a modern factory and office building in the Jamaica Plain District of Boston. The increasing demand for the high-grade products of this company has necessitated larger manufacturing quarters where production can be more economically increased and proper service rendered to the trade.

The new building will be 60 feet by 250 feet, will have four stories and basement, giving a total floor space of 67,000 square feet. The exterior of the building is very attractive in design, while the interior will be equipped with every modern device for the production of high-grade goods, and for the health and welfare of the employees.

Believing that conditions for light, fresh air and the comfort of employees are desirable, not only from a hygienic but from a business standpoint, The Randall-Faichney Company have made every effort to have their new building conform in all respects to the latest and best ideas along such lines. The equipment will include Automatic Sprinkling System for fire protection, electric elevator, fireproof vaults and intercommunicating telephone system; lunch room for men, retiring room for women, ample wash rooms and a private locker for each employee. The building is plenti-

THE SCHMEDLEN STORM BUGGY

Ready for bad weather

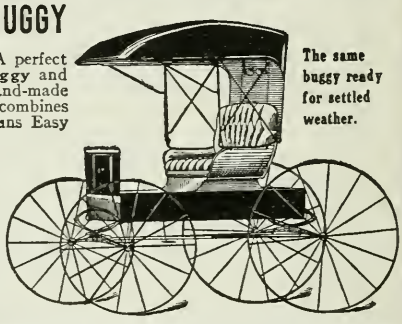


THE DOCTOR'S COMFORT. A perfect combination **Storm Buggy, Top Buggy** and **Runabout,** with best materials, hand-made by experts. ¶ The ***SCHMEDLEN*** combines **Durability** and **Comfort;** is Light, runs Easy and Rides Easy. Every Physician who drives should investigate this buggy. It differs from all others.

Full information for the asking. Write today for Catalogue C. Address—

W. H. SCHMEDLEN, Coldwater, Michigan.

The same buggy ready for settled weather.



DUNBAR'S SERUM THERAPY *LITERATURE ON REQUEST*

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POLLANTIN

Powder, Liquid or Ointment, whichever form is best borne, used from two to four days in advance of the first attack, will lessen the attack's severity and by continued use carry the patient with comparative comfort through the season.

The New Form Pollantin Ointment is more especially commended for the treatment of the nasal symptoms, but particularly so in ALL cases where the other forms used may act as an irritant.

Question Asked Does Pollantin contain Narcotics of any kind?

Answer No! It is an Antitoxic Serum, pure and simple, gained by injecting the pollentoxin into the blood of specially selected horses. In the powder form presents a trituration with sterilized Sugar of Milk, in the Ointment an incorporation with a neutral oleaginous base.

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918 E STREET, N. W.
Washington, D. C.

April 19, 1912.

Resinol Chemical Co.
Baltimore, Md

Gentlemen:—

Unsolicited I take pleasure in n forming you that I have used with great success your Ungt. Resinol for a number of years.

I have never been disappointed in cases of itching hemorrhoids, and in many cases of eczema have had most flattering results. It will cure itching hemorrhoids and pruritus ani if used properly. I personally have been cured, and that caused me to use it on my patients.

I really can't speak too highly of its efficiency in the most distressing cases

Yours very truly,

(Signed) Jas. M. Barber, M. D

If itching is present Ungt. Resinol is indicated

Experienced physicians find that Ungt. Resinol is almost unfailing for the prompt control of itching, whether it arises from eczematous affections, from pruritus ani or vulvae, hemorrhoids, or other source. And, as this letter from Dr. Barber suggests, its continued use may usually be relied on to remove all traces of the trouble of which the itching was a symptom.

Resinol soap, being an absolutely pure soap, containing the same emollient, antiseptic medication as Ungt. Resinol, is often of marked assistance in dermatological and other cases, even where ordinary soaps are distinctly contra-indicated.

We should be glad to send you samples of these preparations.

Resinol Chemical Co., Baltimore, Md.

In The Summer

many a painstaking physician has proven to his entire satisfaction that he can obviate that gravest of evils in the substitute feeding of young infants—bacterial contamination—by using

NESTLÉ'S FOOD

exclusively. Not only does this reliable infant food offer adequate nutritive material in perfectly digestible and assimilable form, but what is no less important, its character and method of extemporaneous preparation reduce to a minimum gastro-intestinal irritation and derangement.

Nutritious, and free from all impurities, Nestlé's Food can be accurately adjusted with the utmost convenience to each and every child's needs by simply using the appropriate amount of food, adding the requisite amount of water, and boiling for 2 minutes. The countless babies it has nourished during the past forty years, satisfactorily promoting their growth and increasing their vital resistance, leave no doubt as to its fitness as a safe and effective substitute for mother's milk.

Samples on request.

HENRI NESTLÉ, 99 Chambers St., New York City

fully equipped with windows so that every floor is flooded with light; the latest sanitary appliances will be installed and the employees will work under ideal conditions.

The company will continue its thermometer factory at Watertown, New York, in charge of Vice-President George H. Faichney, where the well-known Harvard Clinical Thermometers and other specialties in glass are made, while at the new Jamaica Plain plant 100,000 hypodermic needles will be turned out every week.

The merits of the celebrated Sub-Q, Matchless and Imperial Syringes, manufactured by this company, are so well-known to the trade, that comment is unnecessary.

The plant is conveniently located near the Boylston Station freight yards so that goods may be quickly and economically dispatched and received. Receipt of materials and shipments of goods will be made in the lower end of the building, near the railroad tracks, and other portions of the grounds will be attractive and well kept—a lawn with flower beds, shrubbery and vines will run along the entire front of the building.

The Randall-Faichney Company expect to occupy their new building about August first but until the new building is completed they will retain their present quarters at 251 Causeway St., Boston.

Manufacturing will be continued in their present location without cessation until the machines are in actual operation in the new building, so that there will be no diminution of output on account of moving from their present quarters.

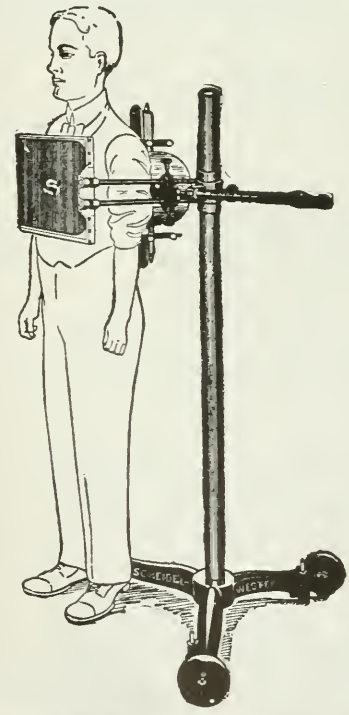
As soon as they are located in their new building, they will be able to give better attention and service to their customers than ever before.

SENSE OF CLEANLINESS

Synol Soap produces a sense of cleanliness not reached through any other substance. It possesses the power of cleansing the surface and loosening and destroying the epithelial scale. the fats of perspiration that adhere to the skin, in a manner not possible with any other soap. Hence its usefulness not only for the doctor and the surgeon in the operating room, but as an adjunct in the bath and toilet.

Write for literature and a sample

JOHNSON & JOHNSON
New Brunswick, N. J.



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The most complete, easiest operated and least expensive of any Tube Stand on the market.

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411-419 S. Jefferson Street **CHICAGO**

Many Physicians

seeking a natural laxative have found a specific in Uncle Sam Food.

Composed of wheat and FLAX, zestfully flavored with salt and celery, this food has met the requirements of the profession to a remarkable degree.

Uncle Sam Food

Physicians will recognize that the FLAX, turning to oil in the digestive tract, furnishes a splendid aid to natural passage, while the nutritive quality of wheat needs no mention.

No element of Uncle Sam Food can conflict with medicinal practice, and the most delicate patient can enjoy its corrective effect. Sold by leading grocers. Samples to the profession upon application to the

UNCLE SAM BREAKFAST FOOD CO., OMAHA, NEBRASKA

Guaranteed Under Food and Drugs Act, June 30, 1906—Serial No. 28443

PYXOL

although equal to perchloride of mercury as a bactericide, is absolutely non-toxic and non-caustic in all dilutions necessary to ensure complete disinfection, and may therefore be used freely in medicine, surgery and midwifery—in preparing the field for operation, for sterilizing the hands, cleansing wounds, etc. For vaginal and uterine douching (1 in 500) it will be found invaluable.

Pyxol forms an exquisite emulsion when diluted with water, is uniform in composition at all temperatures, perfectly miscible with water in all proportions, and compatible with soap and albuminous matter (wherein it differs widely from perchloride of mercury and carbolic acid) while its cost is considerably less than either, 7c. worth being guaranteed to do the work of 1 gallon of pure carbolic acid.

Although the text-books assert that a non-toxic bactericide is a contradiction in terms, it has at last been evolved, and is now within the reach of all. One trial of pyxol will afford proof of the accuracy of this statement.

See pamphlet describing the Rideal-Walker method of controlling efficiency and cost; copies, together with working samples, sent gratis and postage paid on applying to

BARRETT MANUFACTURING COMPANY

Pyxol Dept., 17 Battery Place, New York City

TANNALBIN—TABLETS

With the advent of the warm season of the year and the greater prevalence of diarrhea and intestinal catarrh we beg to draw attention once more to our popular tannalbin tablets. They contain each 0.3 Grams (5 grains) of Tannalbin and are especially suited for children. Older children may chew them while infants may take them rubbed up with oatmeal gruel. If only half the dose is desired they may be cut in two. The physicians will be pleased to find that these tablets are a convenient and rapidly acting remedy for the intestinal catarrh of young infants during the summer months. The drug may also be obtained in powder form.

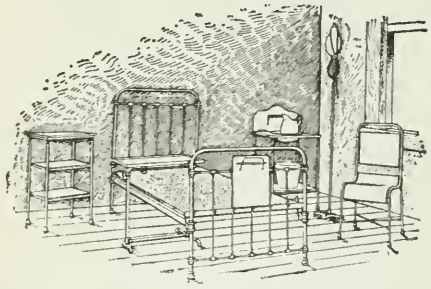
For literature and samples apply to Knoll & Co., 45 John St., New York City.

DRS. PETTY & WALLACE'S SANITARIUM CHANGE OF ADDRESS

In systematizing street names, the name of the street on which Drs. Pettey & Wallace's Sanitarium is located, has been changed from South Fourth to South Fifth Street. Please bear in mind that this change of address does not involve a change of location of the Institution. Their new address is 958 South 5th St., Memphis, Tenn.

In heat exhaustion, with rapid, feeble pulse, give strychnine arsenate and glonoin. Add atropine to maintain the action. In thermic fever, ice-cold baths, and support with strychnine hypodermics, as indicated.

HOSPITALS FURNISHED COMPLETE



Bed Room Suites, The New Cincinnati Hall-Baldwin Operating Table for General Surgical Work—Goitre, Gall Stone, etc.

Write for description of the Modern American Physicans Up-To-Date Office.

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Write for Booklet No. 17 now in Press.

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THE MAX WOCHER & SON CO.
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Pain

"The physician has no higher nor nobler service to perform than to secure for his suffering patients prompt surcease of pain."

In accomplishing effectual analgesia, however, the painstaking practitioner will at the same time always aim to cause the least possible embarrassment to physiologic processes. Of all anodynes, therefore,

PAPINE

is the most acceptable, because it affords not only the most gratifying relief from pain but with none of the narcotic or toxic effects common to other opiates.

Papine presents the anodyne principle of opium with the narcotic, nauseating and constipating elements removed. In consequence it does not suppress the secretions, cause cerebral excitation, nor show habit-forming tendencies.

To the result-seeking, conscientious physician, Papine cannot fail to appeal as "the ideal analgesic."

BATTLE & CO.
LONDON **ST. LOUIS** **PARIS**

Obstetrical Charts in Colors, sent on receipt of 25c postage paid. Ready for delivery June 1st.

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"I Recommend and Urge Their Use"

says a well known physician, "because judgment and experience tell me that they are based on sound scientific principles. Cushioning the heel with *live* resilient rubber is a practical common sense way of reducing to a minimum the injury and fatigue that the thousands of daily impacts occasioned by walking on hard unyielding surfaces, inevitably tend to produce. The benefits that my patients uniformly obtained from wearing rubber heels, led me to try a pair myself; a few days use convinced me of their hygienic merits, and now

I Would Not Be Without Them"

This terse statement represents the experience of countless progressive medical men. That "O'Sullivan's" are almost invariably specified in recommending—and buying—rubber heels shows conclusively that the proverbial discrimination of the modern physician enables him to discern and appreciate the superior resiliency and wearing value of heels made *entirely* of new *live* rubber.

The O'Sullivan Rubber Co.

131 HUDSON STREET -:- -:- -:- -:- -:- NEW YORK

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DOCTOR, IF YOU EVER NEED FOR A PATIENT a reliable and reputable Maternity Home, see our advertisement in this Journal. Union Park Maternity Home.

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DRUG STORES (SNAPS)—WITH AND WITHOUT practice. Drug store and traveling jobs. Nurses, Veterinarians and Dentists furnished and located. All states. Special plan obtaining practice or disposing of practice. Estab. 1904. F. V. Kniest, Omaha, Neb.

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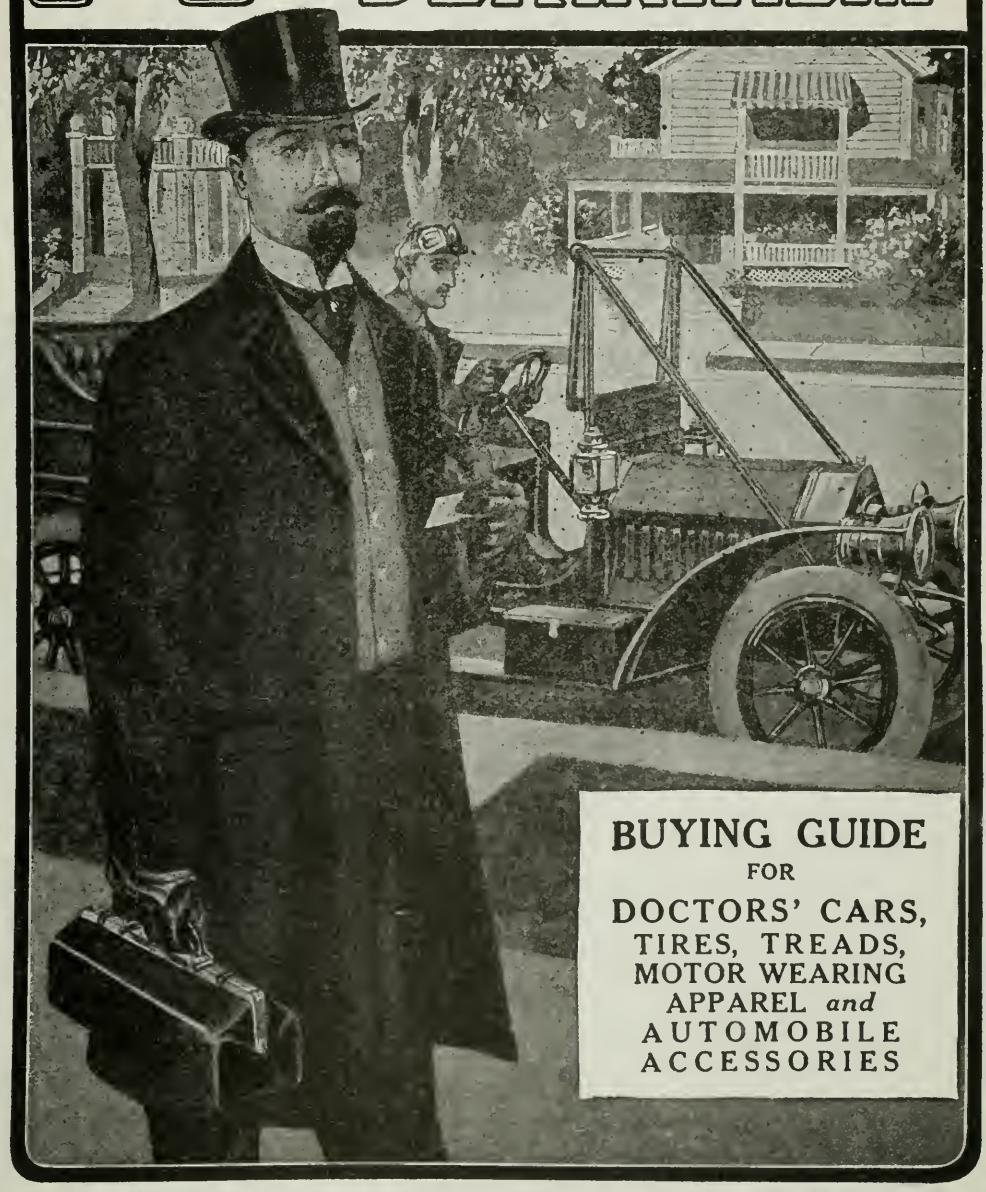

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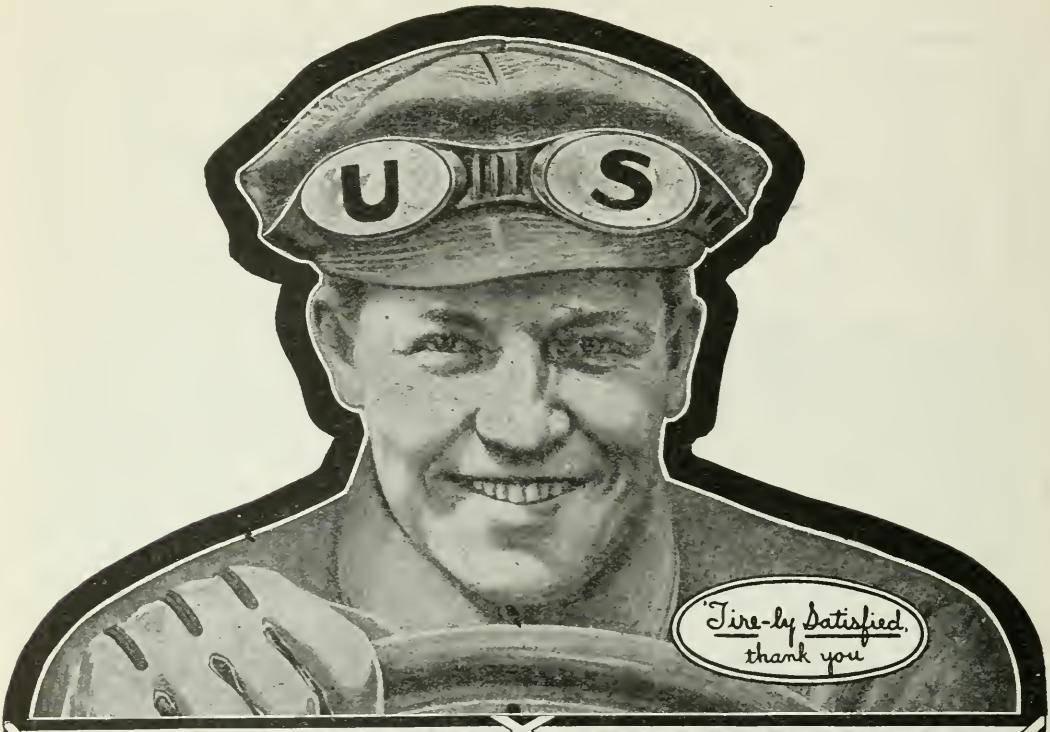

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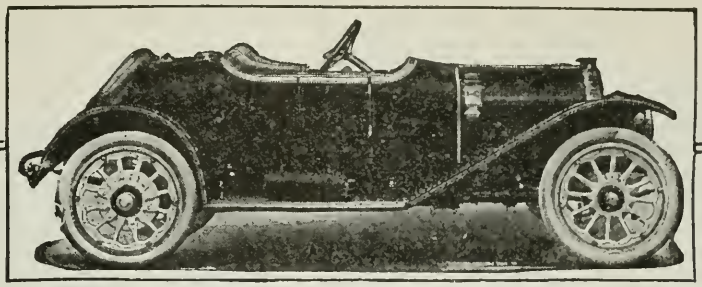

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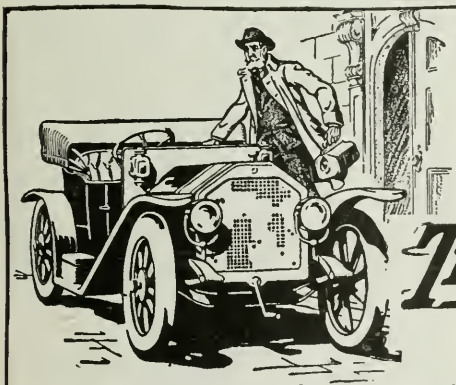

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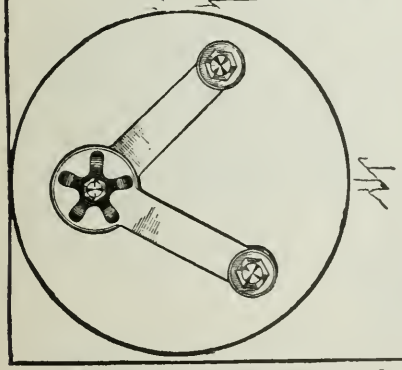

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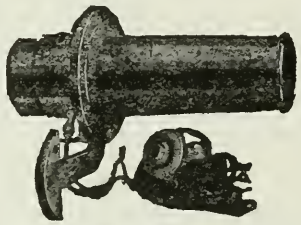

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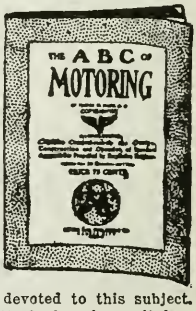

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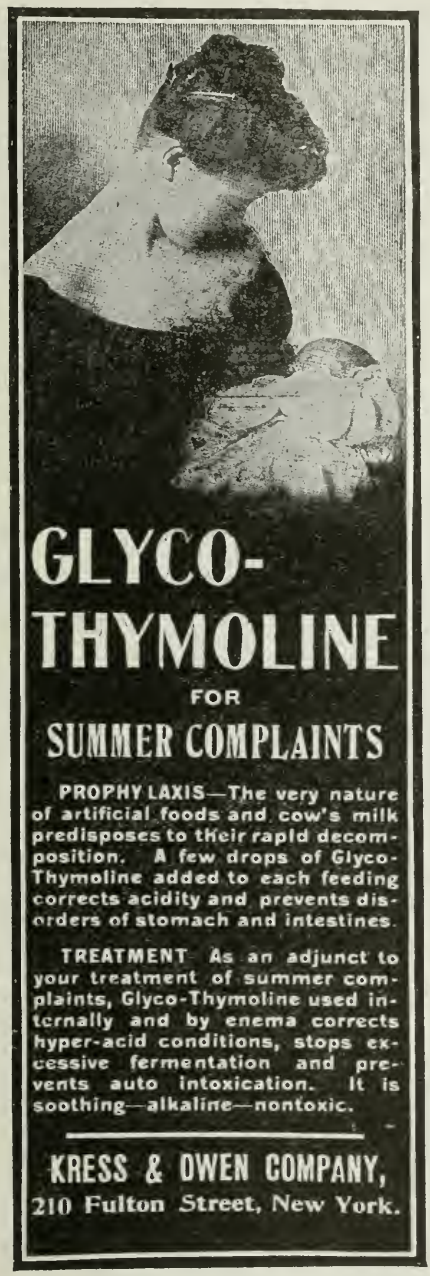

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All of these results are easily obtained by using

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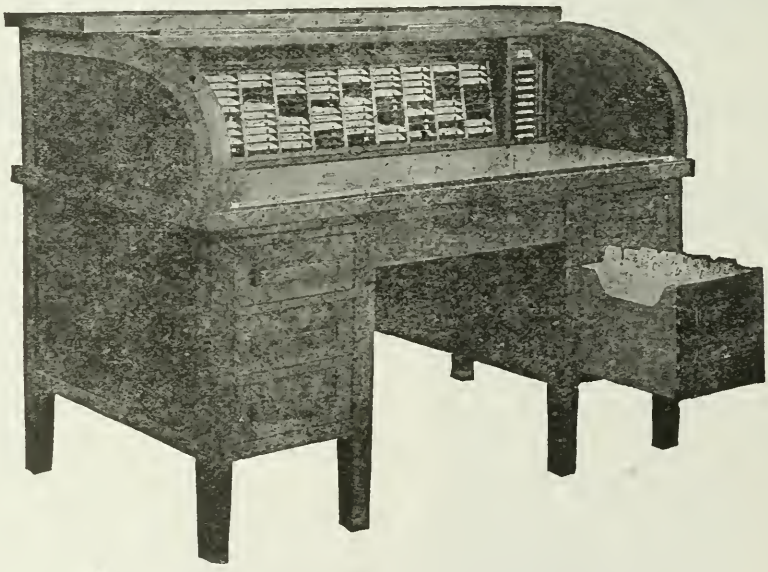

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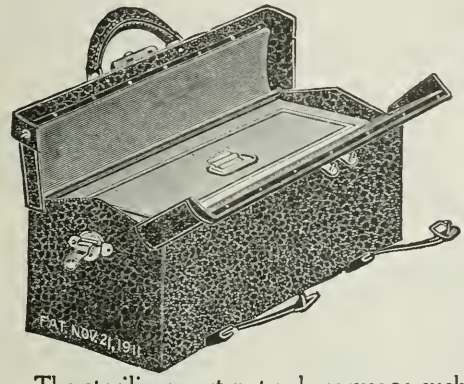
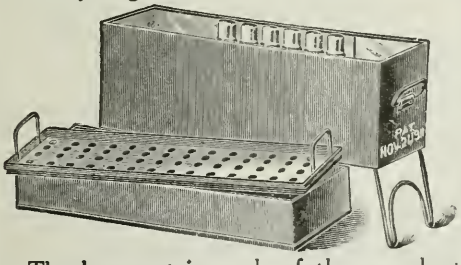


The sterilizer part not only serves as such (and its cover and bottom as pans for antiseptic solutions) but it provides an absolutely clean and aseptic receptacle in which to carry all instruments, dressings, etc. Being telescopic, it is roomy, and yet is no larger nor different to look at than an ordinary bag.



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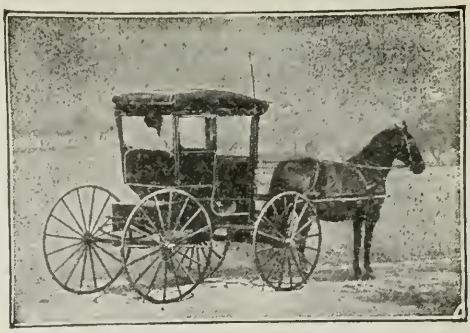

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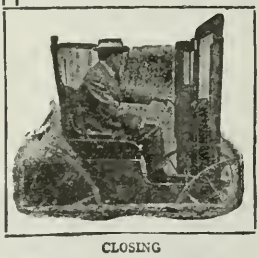

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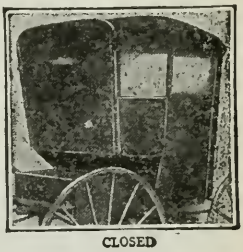

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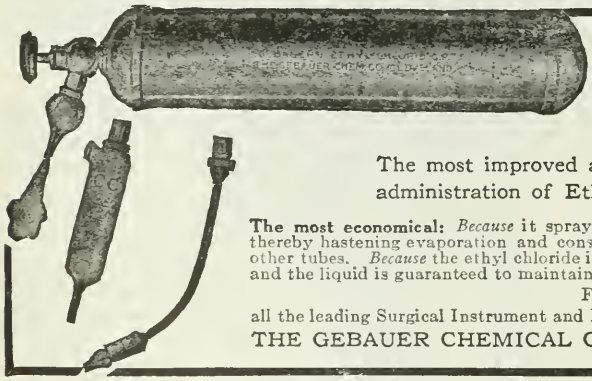

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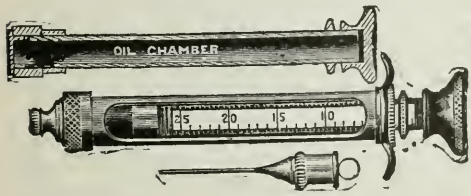

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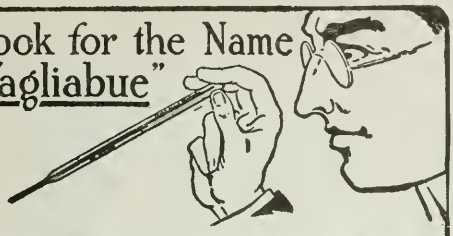

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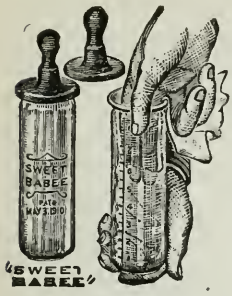

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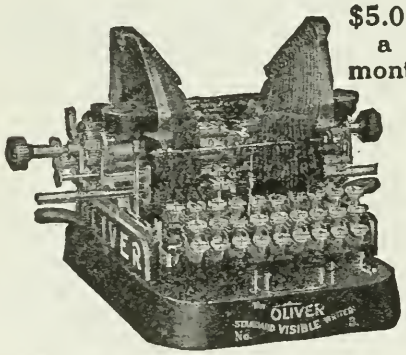

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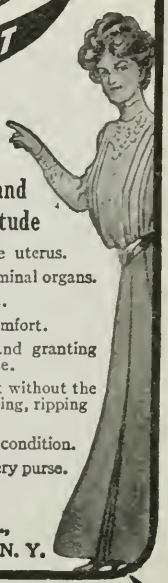

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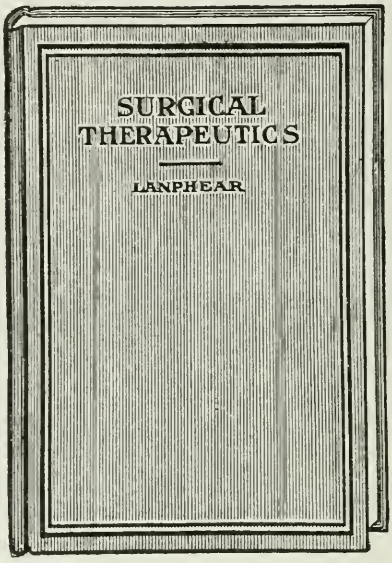

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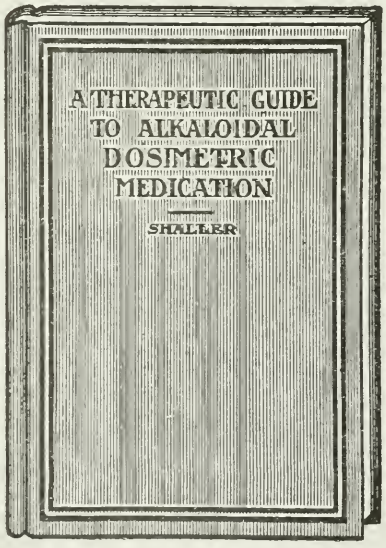

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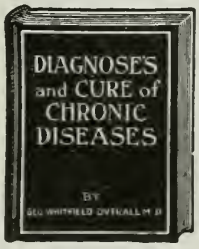

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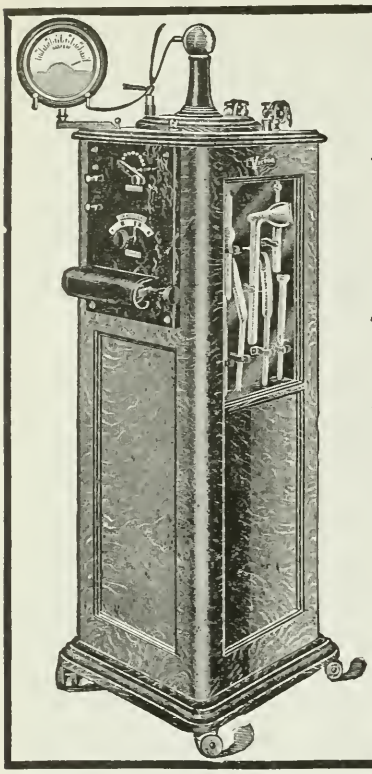

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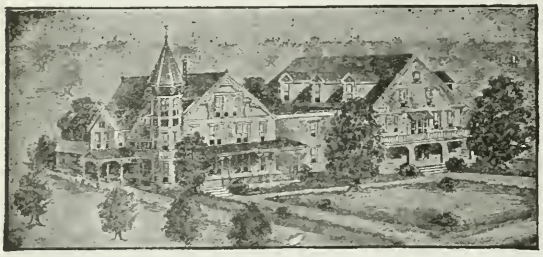

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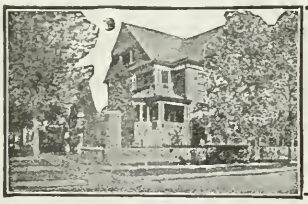

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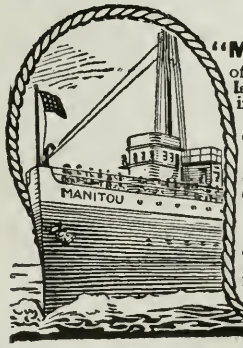

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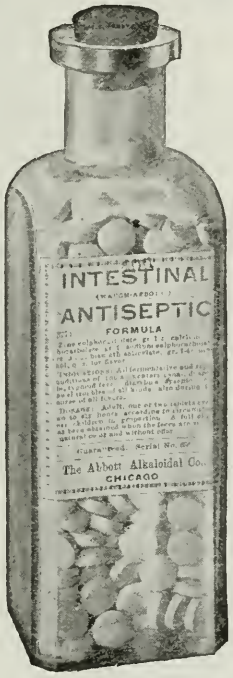

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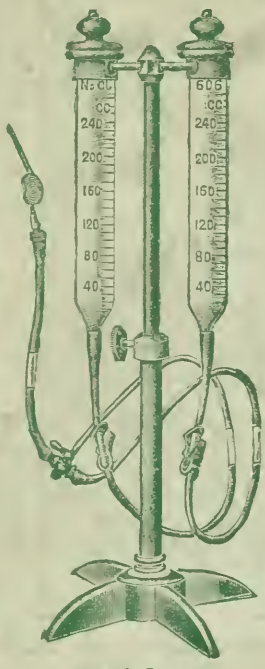

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